MARYLAND STATE DEPARTMENT OF HEALTH 2538 CERTIFICATE OF DEATH

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o. C		legany		MARYL		o. STATE	DENCE (Wh Marvy		lived. If instituti b. COUNTY		e before o		
	URAL and give ned	outside corporole limi prest town) Stnurg	ts, write	c. LENGTH OF STAY II	N 1b	1		N (If outside corporate limits, write RURAL and give nearest fown)					
d. N	NAME OF HOSPITA	ington S				d. STREET A	DDRESS		Street	,		S RESIDENCE ON A FARM? ES NO	
DEC	ME OF EASED be or print)	Jonathan	st	Middle		Baker	t	4. DATE OF DEATH	Marc	00	Doy 29	19 61	
5. SEX	lale	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED		DATE OF BIRTI		906	9. AGE (In years lost birthdoy) 54 yrs.			OURS Min.	
10a. US du	SUAL OCCUPATION oring most of working Salesi	ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR			or foreign co			U.S.	HAT COUNTRY? A .	
13. FAT	HER'S NAME					14. MOTHER'S							
	T	homas Ba	ker				Mary	y Broo	derick				
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO				Add				
	· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	X 78 - 3 - 1	Mr	s. Ju	lia E	Baker	Fr	ostbu	urg,	Md.	
g cc ly	Conditions, if on love rise to im ouse (a), stating the ying cause lost.	he <u>under-</u>	an an	terio-o	nu och	note note	deal i he	- dis	disce Micie	a cy	4-	5-45	
CATION		mil	C	diale	CLO	- Ine	lli.	Luc	GONDITION GI	VEN IN PART	P	ERFORMED?	
O (IF	a. ACCIDENT WAS R CONTRIBUTING EITHER, NOTIFY	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature o	of injury in I	Part I or Port	Il of item 18.)				
WEDICAL 200	Hour o. m.	Month, Doy, Ye	ar 20d. I While of wor	Not while		OF INJURY (y, street, office			or town)	(C	ounty)	(Stote)	
sc	I certify that		1) attend -2-8	ded the deceased f		V .		58, to	3-29 the causes ar			(I) (we) last ated abave.	
		H.CX	Le	ehl.	М.[DI	ED.	STAFF PHYS.		3/	30/6/	
22	PHYSICIAN'S NAME (Type)	H.C.D	ie	AL, Mi	D,	22d, ADDR	FI	205-	t BU	G-17	Md		
	URIAL, CREMATION	1, 23b. DATE THEREO	_	St. Mich	-	-	tery		ion (city, town, rostbur		M	(State)	
	eorge Ei			ADDRESS Lonaconin	g, l	ld.	0.4	D BY REGISTI		STRAR'S SIC			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director, I 2 should be tiled with may E. DIRECTOR: After this certificate has been signed by the attending physician and campletely filley page 3 s. ould be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours-after death. VR A1S (4) 15M 9/59

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TO FUN

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 2533 CERTIFICATE OF DEATH

	E OF DEATH	Allega	ny	MARYLAND	2. USUAL RESIDENCE	(Where deceased yland	b. COUNTY	. 9 9	efare admission)
RU	TY OR TOWN (I		ts, write	c. LENGTH OF STAY IN 16 2/21/61		(If outside corpo	rote limits, write RU	JRAL and give !	
d. N.	RINSTITUTION	AL (If not in hospital, gany Count		1	d. STREET ADDRES		Street	S-P-S o the control	e. IS RESIDENCE ON A FARM? YES NO X
	AE OF ASED ar print)	Ali		Middle Luyenia a	Barnard	4. DATE OF DEATH	March	1	Poy Yeor 19 61
S. SEX	emale	6. COLOR OR RACE White	7. MARR	ED NEVER MARRIED DIVORCED	9/4/1886		9. AGE (In years last birthday) 714 yrs.	Months Day	AR IF UNDER 24 HRS. s Hours Min.
H	ing mast of warl	ON (Give kind of work king life, even if retired for E Sec.	Tr	cering	in Oldtown	n, Mary		U.	S · A ·
(Yes, no,		R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	nformant P.O.I				rland, Md
G Co	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c))	Chanis	nary 1	Lyps	tasex		STERVAL BETWEEN NSET AND DEATH FREE TO THE STEP STEP STEP STEP STEP STEP STEP STE
	PART II. OTI	HER SIGNIFICANT CON	introns-c	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
G (IF	. ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of inju	ry in Part I or Par	t II of item 1B.)		
WEDICAL 20c.	TIME OF INJUR Hour o.m. p. m.	RY Month, Day, Ye	While		LACE OF INJURY (Hame, actory, street, office bldg		ar tawn)	(Caun	ty) (Stote)
220		sed olive on 3/	13/6 Z.	ded the deceased from 19 2 Sind that Sand Lean	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	3/14/61 the couses on STAFF X St., Cu	d on the do	22b. DATE SIGNED 3/14/6
B	RIAL, CREMATIC MOYAL (Specify) TTA 1 IERAL DIRECTOR Wayne	3/16/61		ADDRESS OPTIAND, Md.	Burial Pa		4		TURE

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						WILLIAM TO

VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2540 CERTIFICATE OF DEATH Reg. Dist. No. 02517

1. PLACE OF DEATH o. COUNTY		N. OHE		2.	USUAL RESIDENCE (V	Where decease			e befare odmi	ssion)
1 0. 0001111	Allegany		MARYLAN	ND	Marvla Marvla	and	b. COUNT	Alle	nanv	
b. CITY OR TOWN (If RURAL and give nec	outside carporote limits,	, write c. LET	NGTH OF STAY IN	1ь	c. CITY OR TOWN (II		rote limits, write			~n)
Cumberl					Cumber	rland				
d. NAME OF HOSPITA	L (If not in hospital, giv	re street oddress	1)		d. STREET ADDRESS					SIDENCE A FARM?
115 S	o. Allega	ny St.			115 Sc	. All	egany	St.		NOXX
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Ma	nth	Day	Year
(Type or print)	Morris		Leonce		Barnes	DEATH	March		2	1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1	YEAR IF UND	DER 24 HP5.
Male	White	WIDOWED [DIVORCED	JAI	oril 21.	1894	66 yrs		Days Hours	Min.
100. USUAL OCCUPATIO		one 10b. KIND (OF BUSINESS OR II					12. CITIZ	ZEN OF WHA	T COUNTRY?
Retired A		W. N	Id. Rwv.		Baltimo	re M	d	U.	S. A.	
13. FATHER'S NAME	OCCUMPAND		ia in	14	. MOTHER'S MAIDEN		u	10.	D. A.	
86.2.7	land Danu					D . 11	-			
1S. WAS DECEASED EVER	lard Barn		L SECURITY NO.	17. INFOI	Mary	Relle	Jones	dress		
(Yes, no. or unknown)	1 yes, give war or dates of serv						70	Cumb	b. Md.	-
	W. W. # 1			Mrs.	Morris	Barne	s, 115	So. I	Allega	ny St
	H [Enter only one cous	se per line for	(a), (b), ond (c).		-11)	,	,	ONSET AN	
	H WAS CAUSED BY: IMMEDIATE CAUSE (0)_	8/_	Oron	w	TH	7000	ston-	272	+ 24	dere
1	DUE TO				(/					
Conditions, if on	y, which) (b)_				V				200	
gave rise to im	mediate (01		Λ			0 /	2	,	
lying couse last.	(c)_	Vate	ilic.	of g	nous	uia	, Itil	ung	14	reek
PART II. OTHI	ER SIGNIFICANT CONDI	ITIONS CONTE	BUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WAS	AUTOPSY
[8]		1						0		ORMED?
PART II. OTHI	UNDERLYING 2	Ob. DESCRIBE H	HOW INJURY OCCU	JRRED. (Er	nter nature of injury in	n Port 1 or Par	t II of item 18.) .			
20c. TIME OF INJURY Hour o. m.	Month, Day, Year		lot while	factory,	OF INJURY (Home, for street, affice bldg., e	rm, 20f. (City fc.)	or tawn)	(Co	ounty)	(State)
	at I attended the d	lacaread for	21 -	12	10/2/1-	200	2-1 10/-	1		
1		1 4.			, 19 02 , to				ast saw the	
alive an	1) 1	7 1904	_, and that de	eath acc	curred at_2_1.		n the causes		e date stat	led abave.
ACTUAL	MX	Mil	lia		FA	ADDRESS (S	reet, city or town	signe)	, ()	ATE SIGNED
SIGNATURE		ma	nan	EM.D.	X	MA	ercai	10/1/	14	2-2-61
PHYSICIAN'S NAME (Type) W	. F. Will	iams N	1. D.		122 S. (Centre	St. C	umber	land.	Md.
220. BURIAL, CREMATION			NAME OF CEMETER	Y OR CRI			ION (City, town,		(Sto	10)
Burial	2/1/61									ilej
23. FUNERAL DIRECTOR'S	SIGNATURE		DDRESS	copa	1 Church			ridge		
	e George		erland.	Md		C'D BY REGIST		istrar's sign	1 4	
and Hay II	1	Own	or rand	IN CL	DATE EV	11271 1		24.	, 05000	

1. 1. 1.	TE OF DEATH	CHRITHICA		
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MARYLAND STATE DEPARTMENT OF HEALTH 254 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

) [PLACE OF DEATH	11	em 10 Film G20	Z. GJONE RESI	DENCE Where	deceased lived.	. If institution	on: Residence	before admi	ssion)
	o. COUNTY	Allegany	MARYLAND	o. STATE	Maryla		. COUNTY	Alle	gany	/
	b. CITY OR TOWN (RURAL ond give n	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 1b	c. CITY OR	TOWN (If outsi	de corporote lir	nits, write R	URAL and giv	e nearest to	vn)
		Frostburg	Lifetime		Frost	ourg				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	address)	d. STREET A	DDRESS				e. IS RE	A FARM?
L		165 W. Main S	treet		165 W.	Main	Stre	et		NO
3	. NAME OF DECEASED	First	Middle	Las	4.	OF DATE	Mon	th	Day	Year
	(Type or print)	James	Α.	Ba	uer	DEATH	Marc	_	3th,	19 61
5	S. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRT	Н	9. AG	E (In years birthday)		YEAR IF UNI	-
	Male	White widow	ED DIVORCED	Aug. 8	th, 189	98	62yrs.	Months	dys	Min.
1	0a. USUAL OCCUPATION	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote or f	fareign country)		12. CITIZE	N OF WHAT	COUNTRY?
1	n 1	ilor	Cailoring	Ma	ryland	d		Ţ	JSA	
-	3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAM	\E				
	William	Bauer		Chri	stina	Meyer	S			
		R IN U. S. ARMED FORCES? 16.		NFORMANT	1000		Add	ress	-	
	(res, no, or unknown)	(If yes, give wor or dares or service) 2	12-12-8035 јо	seph Ba	uer,1	65 W.M	ain S	st.,F	bg.,	Md.
	18. CAUSE OF DE	ATH [Enter only one couse per li	ne for (o), (b), and (c).]	1 /:		-			INTERVAL E	BETWEEN
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	WALTRON	anos	11110	m			/ C	DEATH
	033	DUE TO	1				1		191	20
	Conditions, if o	ony, which)	of des	cand	ing (LASI	11			
	gove rise to i	mmediote (1		1	0 01				
	lying couse lost.	the under-	V							
1		HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	L DISEASE CON	DITION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY
	S								PERF YES [ORMED?
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	of injury in Port	l or Port II of	item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
1	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 20d. II While	-1	ACE OF INJURY (ctory, street, office		20f. (City or to	vn)	(Co	unty)	(Stote)
1	p. m.	19 of wor	TAOL MULIE	2						
	21. I certify the	at (I) (this haspital) attend	led the deceased fram	Fel 13	19/01	1. toma	1/3	19/2/	, that (1)	(we) last
		sed alive an Mary	R1961 , and that a		JEE M	from the	couses on			
	220. SIGNATURE	0-10-1)	Jedin decorre	1	,	doses an	4		2b. DATE
1.	111	TITIK LA	no _	M.D. PHYS.	G MED.	TOR PH	AFF YS. □	MR	11410	SIGNED
	22c. PHYSTCIAN'S	CHI 9 W		22d. ADDR	ess			11100	111	2
	NAME (Type)	W. O. McLan	le '	' 1	67 E.	Main S	st, F	rostb	urg,	Md.
2	3a. BURIAL, CREMATIC		23c. NAME OF CEMETERY C	OR CREMATORY	230	d. LOCATION (City, town,	or county)	(\$1	ote)
	Burial Specify	3-16-61	St.Michael	s Ceme	tery	Frostl	ourg,		M	ld.
2	4. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		25a. REC'D 8	Y REGISTRAR	25b. REGI	STRAR'S SIGN	ATURE	
)	Losefoh 1	1. house	Frostburg,	Md.	DATE MA	R 1 6 '61		Irihur &	. Hours	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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RUBBERTAND d. NAME OF HOSPITAL (In on in hospital). give street oddress) of INSTITUTION TO ANAME OF HOSPITAL (In on in hospital). give street oddress) of Notification SACRED HEART In Middle Lost AARE DATE DIAN MARCH First MARCH TO BENNETT DIAN MARCH AAG (In promo in UNDER 1/SAR/IF LUNDER 1/SAR/IF LUND	V	ALLEGANY		MAKILAI					ALLEC	ANY		
d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS d. SACERD HEAPT IN AMAGE OF HOSPITAL (I) not in Roughlol, give street goldress) SACERD HEAPT IN AMAGE OF HOSPITAL (I) not in Roughlol, give street goldress) SACERD HEAPT IN AMAGE OF HOSPITAL (I) not in Roughlol, give street goldress GALLAR R. BENNETT Death Month Doy Your Grant (I) 19 61. SAFE BENNETT DEATH MONTH DEATH PARCH II 19 61. SAFE MONTH DEATH MONTH DEATH MONTH DEATH DEATH MONTH DOYS IN HOUSE 24 MIS. MONTH DOYS MADE I	1	RURAL and give nearest town)	orote limits, write		1Ь	/						
ON A FARM? SACRED HEAPT 1. AMB OF DECLASED (Type or print) 1. AMB OF DECLASED (Type or print) 1. AMB OF DECLASED (Type or print) 1. AMB OF DECLASED (TARA R R R R BENNEST DATE DATE DATE (DATE DATE DATE DATE DATE MARCH 1. DATE DATE DATE MARCH 1. DATE DATE DATE DATE DATE DATE DATE DATE	ŀ					The second secon	SLIE	A STATE OF THE PARTY OF THE PAR	Tal Adolais	DBIOGE.	- IC DECI	DENICE
NAME OF STATE THE NAME Day Vegr STATE DATE	П		iospitol, give street	address)		d. SIREEL ADDRESS				- 1	ON A	FARM?
SEAN CLARA SEAN	1	SACRED HEAD	RT								YE5	NO C
S. SEX G. COLOR OR RACE N. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (In, year) T. MOLDER 1 YEAR F. UNDER 24 HBS.	+	DECEASED					OF			Da		
SEPALE WHTTE WIDOWED DIVORCED OCT 10-83 Just birthdoy) Mounts Doys Mours Min.						BENNETT	DEATH	PLAIT		4		
100_USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFIACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. ARTHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED VER IN U. S. ARMED FORCESS) 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED VER IN U. S. ARMED FORCESS) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), 16. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL SECURI	П	5. SEX 6. COLOR C	R RACE 7. MARI	RIED NEVER MARRIED	☐ B. D/	ATE OF BIRTH		9. AGE (In years			-	
HOUSENTEE 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Inc. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY (IMPEDIATE CAUSE (o)) DUE TO Conditions, if ony, which gove rise to immediate (c) Gover rise to immediate (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19. WAS AUTOPSY PERFORMED? YES ON ACCIDENT WAS UNDERTING: 20. ACCIDENT WAS UNDERTING: 20. TIME OF INJURY Month, Doy, Year 204, INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) 20. TIME OF INJURY Month, Doy, Year 204, INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20. TIME OF INJURY Month, Doy, Year 204, INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20. TIME OF INJURY Month, Doy, Year 204, INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20. TIME OF INJURY Month, Doy, Year 204, INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20. TIME OF INJURY Month, Doy, Year 204, INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20. TIME OF INJURY Month, Doy, Year 204, INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20. TIME OF INJURY Month, Doy, Year 204, INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20. TIME OF INJURY Month, Doy, Year 204, INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 20. FLORED ON THE PORT OF TH	1	WEMALE WHI	LE MIDOM	ED DIVORCED		OCT 10-83						
HOUSENTFE 13. FATHER'S MANDE 14. MOTHER'S MAIDEN NAME THAT I. LOWERY (DEC.) 15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address The MAIDEN NAME THAT I. LOWERY (DEC.) 15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CHART 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate (b) gove rise to immediate (couse (o), toting the under.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. WAS AUTOPSY PERFORMEDY YES NO 20 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF THERE NOTHER MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year 200. INJURY OCCURRED Total Colory, street, office bldg., etc.) 12. Certify that (I) (this haspital) attended the deceased from 19 of work of work of work of work of work 20. PLACE OF INJURY Home, form, 20. (Clip or lown) (Slote) N.D. PHYS. 270. ADDRESS NAME (Type) DR. WILLIAM P. TAMES, MD. 21. CERTIFY that (I) (this haspital) attended the deceased from 19 of work 19 of JAMES		10a. USUAL OCCUPATION (Give kind	of work done 10b.	KIND OF BUSINESS OR I	NDU5TRY	11. BIRTHPLACE (5to	te or foreign c	country "	12. CIT	IZEN OF	WHATC	OUNTRY?
13. FATHER'S NAME ITILITAM I. LOWERY (DEC.) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. MAJDECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c). 19. CAUSE OF DEATH Enter only one course per line for (o), (b), and (c). 19. CAUSE OF DEATH INFORMANT 19. CAUSE OF DEATH INFORMANT 19. CAUSE OF DEATH INFORMANT 19. CAUSE OF DEATH 19. COURSE (o) 19. COURSE (o)	1		ii reiireu,			PΔ			T	IS	Λ	
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Test of functions Test of Death Enter only one cause per line for (o), (b), and (c).							U LOWE					
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220. SIGNATURE 220. SIGNATURE M.D. PHYS. 221. ADDRESS 222. PHYSICIAN'S NAME (Type) DR. WILLIAM P. IAMES, MD. 223. BURIAL, CREMITION, 234. DATE THEREOF 236. BURIAL, CREMITION, 234. DATE THEREOF 237. BURIAL, CREMITION, 234. DATE THEREOF 238. BURIAL, CREMITION, 234. DATE THEREOF 239. NAME OF CEMETERY OR CREMATORY, 236. DCCATION (City, town, or county) 24. FUNEXAL DIRECTOR'S SIGNATURE 250. REC'D BY REDISTRAR 250. REGISTRAR'S SIGNATURE		21. I certify that (I) (this	haspital) atten	ded the deceased fr	am	Sau 1	1960 , ta_	Much	196	4_, th	nat (I) (we) last
220. SIGNATURE ATTENDING MED. STAFF SIGNED 22c. PHYSICIAN'S NAME (Type) DR. WILLIAM P. IAMES, MD. 22d. ADDRESS 22d. Carabalanal and		saw the deceased alive of	in Mar	3 19 G1, and th	nat deat	h accurred at/Z	SONAYTOM	the causes an	d an th	e date	stated	abave.
22c. PHYSICIAN'S NAME (Type) DR. WILILIAM P. IAMES, MD. 22d. ADDRESS 22d. Candidate 22d. VOCATION (City, town, or county) REMOVAL ISOCITY MOLIN 196/ ADDRESS 22d. FUNERAL DIRECTOR'S SIGNATURE 22d. FUNERAL DIRECTOR'S SIGNATURE 22d. FUNERAL DIRECTOR'S SIGNATURE 22d. ADDRESS 22d. PHYS. 22d. ADDRESS												DATE
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DR. WILLIAM P. IAMES, MD. 4414 Carlos St. Cambridges 234, BURIAL CREMATION, 234, DATE THEREOF 236, NAME OF CEMETERY OR GREMATORY, 236, DECID BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE 260. REC'D BY REGISTRAR'S SIGNATURE 270. REC'D BY REGISTRAR'S SIGNATURE		22c. PHYSICIAN'S	1.00	and freigh	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Difficion C				1414	Y
23/ BURIAL CREMATION, 230 DATE THEREOF 230 HAME OF CEMETERY OR PREMATORY, 231 DOCATION (City, town, or county) (Stote) PREMOVAL SERVICE AND COUNTY (Stote) 24 FUNERAL DIRECTOR'S SUGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE MAD 7		NAME (Type)	TT.T.TAM P.	TAMES. MD.		44146	the SV	Gundy.	Por of		land	0
DREMOVAL (Secrity) March 7 1961 Palo (Ello Comeleus Stymaman Fa RO 1 24 FUNERAL DIRECTOR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADD 7 1961 25 REGISTRAR'S SIGNATURE					nv on 40		22/ 4004	TION (City town			/64a4	
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Della de la companya		24. FUNERAL DIRECTOR'S SURNATUR	1 1	A DORESS		0 /250. RE	C'D BY REGIS	TRAR 25b. REGI	STRAR'S 51	GNATU	RE	
Villey V. Leeger, Villaman Co, Dateris VIII arthur & House		Jawey N.L.	elger	Styndme	an	Tar, DATE	AR 7 0 6	1 Que	Lun P	4		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02528

1	a. COUNTY		2. USUAL RESIDEN	CE (Whara decees		n: Residence	e perore admission)
	ALLEGANY	MARYLAND	. STATE MARYL	AND	b. COUNTY	LLEGA	NY
1	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate	limits, writa RURAL	end give n	eerest town)
	CUMBERLAND	5 DAYS	X ROUTE 2	, FLINTST	ONE		
	d. NAME OF HOSPITAL MEMORYTAL (1800 WAR	WICK AVESTRESS	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL						YES NO
3	B. NAME OF First DECEASED	Middle	Lest	4. DATE OF	Month	Day	Yeer
	(Type or print) GUSTA VA		BENNETT	DEATH	MARCH	8	19 61
13		D NEVER MARRIED B	. DATE OF BIRTH		GE (In years IF UND		IF UNDER 24 HRS.
	FEMALE WHITE WIDOWE	D DIVORCED	4-12-1889	71	yrs. Months	Deys	Hours Min.
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & Stete, or forei	gn country) 12.	CITIZEN OF	WHAT COUNTRY?
	done during most of working me, even if remed)		WEST VIR	GINIA		U. S.	A -
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN				
	JOHN KAETTERMAN		RUTH DOL	XX Mallot	J		
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Ifyesgivewarordetesofservice)	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
,	No	None	MEMORIAL HOS	PITAL - C	UMBERLAND	MD.	
-	18. CAUSE OF DEATH [Enter only one ceuse per		MEMORIAL 1100	1	OFICENCE	INTE	RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+)	Memerone	là To	lyosorts	elo	Duk-1	2 Moult
	710.0 DUE TO	17/	,	11	0		
	Conditions, if eny, which (b)	OM/ENUC	louis - 1	Designel	yel	6	10000
	geve rise to immediate cause	200				0	
	(a), steting the underlying cause lest.						
3		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN P	ART 1(e) 19	. WAS AUTOPSY
E						Y	PERFORMED?
CEOTICIC ATION	200. ACCIDENT WAS UNDERLYING [2Db. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Pert I or Pert II of i	tem 18.)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
140	20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Home, fer		lown) (County)	(Stete)
No.	Hour a.m. While	THE TAIL AND THE	ory, street, office bldg., etc	:-)			
1		0	1954	10- 10	march	106/ 11	nat (I) (we) las
	21. I certify that (I) (this hospital) attentions the deceased alive on Mair L	1 1	death occured at	36 P.M.	a course and o		
	22e. SIGNATURE	, and mar	deam occured at	///, 11 0111 111	6 690363 9110 0	11 1110 00	22b. DATE
	Alder for	At .			STAFF PHYS.		2 SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS		Leed		-3/11/0
	NAME (Type) DR. G. OVERTON	HIMMELWRIGHT	133 VIRG	INIA AVE	NUE-CUMBER	RLAND,	MD.
= 2	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or co	unty)	(Stete)
	REMOVAL (Specify) 3/11/61	Glendale Bre	thren Cem-	Flints	stone, Mar	vland	
2	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. RE	CO BY REGISTRAF			URE
	John J. Hafer, Cumberlan	d. Maryland	DATE	IG CI NA	Circhard	d. / Wall	
1-	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 7	,				

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illed in by the funeral Pages 1 and 2 should burs after death.

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the 4 may be retained by the hospital or attending physician.

ALL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remove carbon page. Pages 1 and 2 should with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bours after death. TO HOSPITAL director, be filed VR A15 (4)
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02521

1. PLACE OF DEATH a. COUNTY ALLEGANY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE b. COUNTY
MARYLAND	THE CONTRACTOR OF THE CONTRACT
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CUMBERLAND 3 DAYS	RT. #I, CUMBERLAND
d. NAME OF HOSPITAL ORMENTHEN I TO WARW I'CK' A VESS!	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	YES NO
3. NAME OF WILLIAM First Middle	Last 4. DATE Month Day Year OF
(Type or print) ROSCOE BE	ENNETT DEATH MARCH 21 1961
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	1-24-1909 52 yrs. Mollins 593 110013
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Tire builder- Kelly Springfield Tire	Co. CIRCLEVILLE. W. VA. U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIE BENNETT	ZULA WEIMER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Ifyesgivewarordatesofservice)	. INFORMANT Address
	MEMORIAL HOSPITAL - CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one composition for (a) (b), and (b).	(a) V () A I NITERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2 TUTES DE	segal (Chr Heffichi) ONSEI AND DEATH
5 92 X DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), stating the underfying cause last. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONDISIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?, YES NO PE
208. ACCIVENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUP	RED. (Enter nature of injury in Part I or Part II of Item 18.)
	PLACE OF INJURY (Home, farm, 200 City or town) (County) (State)
Hour a.m. While Nor While at work at work	11 - Cumperland aller Med
21. I certify that (I) (this hospital) attended the deceased from	17/5/9:40 19 M. to 3/21/61., 19 (hat (1) (wo)-last
- 12. // .	nat death occured at
Pa. SIGNATURE 1	29b. DATE
1 M/Malkans	ATTENDING MED. STAFF DIRECTOR PHYS. 3/24/6/
222 PHYSICIAN S	22d. ADDRESS
NAME TYOR. R. J. WILLIAMS	122 S. CENTRE ST., CUMBERLAND, MD.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Removal (Specify) Burial 3-24-61 Restlawn Me	emorial Gardens Cumberland, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HAFER FUNERAL SERVICE umberland,	Md. DATE MAR 27'61 Cirling S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH

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DI	/ISIO	N OF STATISTICAL RESEAR	RCH AND RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE	1, MARYLAND
DR.	В.	SCHINDLER OF IT	CERTIFICATE	OF	DEATH			025

	PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND	a. STATE MARYLAND b. COUNTY AL	sidence before admission) LEGANY
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) CUMBERLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) MEMORIAL HOSPITAL	107 BLAUL AVENUE	e. IS RESIDENCE ON A FARM? YES NO
3		CKER 4. DATE Month OF DEATH MARCH	4 19 61
5	CEMALE LINETE	MARCH 15, 1880 9. AGE (In years If UNDER 1 Y. Monihs De Yrs.	EAR IF UNDER 24 HRS. Hours Min.
l'	De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired) HOUSEWIFE 3. FATHER'S NAME		J.S.A.
	REUBEN BOWERS	CAROLINE GRAY	
	5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 18. 18. 19. 1	INFORMANT Address	
,	NO NONE	EMORIAL HOSPITAL - CUMBERLAND, MA	RYLAND
2	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	or related to the terminal disease condition given in part 1	
CEPTIFICATION	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Part II of itam 18.)	YES NO
MEDICAL		ACE OF INJURY (Home, ferm, 2Df. (City or town) (Count tory, street, office bldg., etc.)	y) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3/44	12.1) 4.118	
	22c. (PHYPICIAN'S NAME (Typs) DR. B. SCHINDLER	A.D. ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 3/C	6 6 SIGNED
2	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) March 6, 1961 Davis Men	1 /	(Steta)
	James F. Scarpelli, Cumberland, Mo	1. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SI	

MEMORIAL ROSS PERMEN 311001100 37197

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Bariel Comperiend, 1.61 Davis Memorial Park Comperiend, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DR. TOLSON 2546 AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DR. TOLSON 1

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e. COUNTY				SIDENCE (Who			sidence betore edmi	551011
ALLEGANY		MARYLAND	e. STATE	MARYLAND	ь. сс	AL	LLEGANY	
b. CITY OR TOWN (if outside corporete write RURAL and give nearest town) CUMBERLAND		5 DAYS	c. CITY OR	FROSTBUF	corporete limits, v	rrite RURAL and	giva neerest town)	
d. NAME OF HOSPITAL OR INSTITUTIO	ON (if not in hospital,	giva street address)	d. STREET A	DDRESS			e. IS RESID	
MEMORIAL HOSPITA	A L		184	ORMOND	STREET			四
**************************************	First	Middle	Last	4. DA		onth	Dey Yeer	
(Typa or print)	JOHN	WESLEY	BLOCHER		атн МА	RCH	11 19 61	-
	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yellost birthda			HRS.
MALE WHITE	WIDOWED _	DIVORCED [10-10-18	83	77 yrs			
10a. USUAL OCCUPATION (Giva kind of a done during most of working life, even if n	work 10b. KIND (OF BUSINESS OR INDUST	RY 11. BIRTHPLAC	CE (County & Stel	e, or foreign coun		EN OF WHAT COU	NTRY?
RETIRED MINER	COAL.	MINES	GARR	ETT CO.	MARYLAN	D	J.S.A.	
13. FATHER'S NAME ISSAC BLOCHER								
			1	HIA ANDE				
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unkown) (Ifyesgivewarordate		IAL SECURITY NO. 17.		HOCOLTAL	Add			
18. CAUSE OF DEATH [Enter only	213-1	10-12/38	MEMORIAL	MUSPITAL	- CUMBE	KLANU M	I) .	EN
PART I. DEATH WAS CAUSED BY		or (a), (b), and (c).]	(/11 4 5	_ 0.	1/10.	ONSET AND DEA	
IMMEDIATE CAUSE	(a) (a)	congre	ore	myen	1-120	accept		
720.1 DUE	TO O.	m : 1 4 4	1	clan	and	^		
Conditions, if eny, which geve rise to immediate cause	(b)	, wond	4 /2	-cel	19 00	& T		
(a), stating the underlying DUE	то							
Z PART II. OTHER SIGNIFICANT CO	(c)	ITING TO PLATHAUT N	OT PELATED TO TH	F TERMINAL DIS	ASE CONDITION	GIVEN IN PART 1	(a) 19 WAS AUTO	OPSY
E CAN C. ALLER	· OM	Vata	OT KEENIED TO TH	E TERMINATE DIST	. A SE CONDINON	O, VENT INT / NOT /	PERFORMI	ED?
200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE	HOW INJURY OCCURE	D. (Enter nature of i	niury in Part Lor	Pert II of itam 18)		YES NO	
OR CONTRIBUTING CAUSE OF DEA	TH	HOW MAJORI OCCUR.	D. (Ellier Haidle of	injury in run run	Torris or right torr			
ZOc. TIME OF INJURY Month, Day Hour a.m.			ACE OF INJURY (History, street, office b		(City or town)	(Count	(Ste	te)
× p.m. 1		et work						
21. certify that (I) (this ho	ospital) attended	the deceased from	***************************************	130.	A 19M	19	, that (I) (we) las
saw the deceased alive on	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		t death occure	d at.6.3M,	from the caus	es and on th	e date stated a	DOVE
22. SIGNATURE		1000	ATTENDING	MED.	STAFF S		22b. 0	IGNED
1 Engles	300	Say I	M.D. PHYS.	DIRECTO	R PHYS.	4		
NAME (Type) DR. HO	WARD L. TO	DLSON	22d. AODR	Carlling as many	AND AND			
					AND, MD		151-1-	
23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	/-	. NAME OF CEMETERY			LOCATION (City		(State)	
	-1961 J	OHNSON CE	METERY	Sa. REC'D 8Y F	ARRETT	COUNTY REGISTRAR'S SI	CNATURE	
24 FUNERAL DIRECTOR'S SIGNATURE	× 4							
A. 1. a - 11	£	ROSTBURG,	MD.	DATE MAR 1	7 01	arihung S.	Tismus	

filled in by the funeral Pages 1 and 2 should urs after death The law requires that the death certificate be executed within 24 hours after urs after UTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed any be retained by the hospital or attending physician.

ALL DIRECTOR: After this certificate has been signed by the attending physician and complement a should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health prior to burial, cremation, or removal, and in any evegr, within 72 director, (page 3 TO HOSPITAL TO FU VR A15 (4) 15M 9/60

P. Cas Micheller, and (4.A. 2012) -2Y10-, OF 10, TO 1000 1 TISEOH 1 1 TOH. TURNET COVER STREET HORAN S PASSES CONTROLL SAFEST PLANER 1 U.S.A. THE RESERVE OF THE PERSON OF T CARRETT CO., MARYEAR COPPIE AND SOM 2114104755 - E KRAINE HOSPITAE - CUPAZALAND: NO. DR. MORARD L. ECTSON Under Carlotte Land MINION TARRIED THREE THREE TO THE CONTROL TORI - EL-E TALRIE PROGRESSIO, NO. 1974 I MALLE CO. PORCE

VR A1S (4) 1SM 9/59

MARYLAND STATE DE ARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2547

1. PLACE OF DEATH a. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANM
b. CITY OR TOWN (RURAL and give no CUMBER		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) LONACON ING
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, give stree HEART HOSPITA	address)	d. STREET ADDRESS C. IS RESIDENCE ON A FARM? YES \(\subseteq \) NO \(\subseteq \)
3. NAME OF DECEASED (Type or print)	First DORA	Middle	Lost 4. DATE Month Day Year PEATH MARCH 3 1961
S. SEX FEMALE		RRIED NEVER MARRIED	8. DATE OF BIRTH SEPT . 13, 1909 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min. Yes.
10a. USUAL OCCUPATION during mast af war	king life, even if retired)	. KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
13. FATHER'S NAME	EN BOORE (DECE	ASED)	14. MOTHER'S MAIDEN NAME BERTHA PERRIN (DECEASED)
1S. WAS DECEASED EVE (Yes. no, or unknown)	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT Address PATIENTS CHART
Canditians, if a gave rise ta i cause (a), stating lying couse last.	the under DUE TO (c)	hyrotoxie	e heart disease + 2 years Pers, ear fully of the IN 100 19. Was AUTOPSY PERFORMED? YES NO
WEDDING ACCIDENT WAS ASSETTED BY A STATE OF INJUING THE PROPERTY OF THE PROPER	CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year 20d. Whil	INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) factory, street, affice bldg., etc.)
21. I certify the saw the decea 22a. SIGNATURE 22c. PHYSICIAN'S NAME (TYPE)	at (1) (this haspital) after sed alive on 3/3. Cizabeth BRINGS	1961, and that	M.D. ATTENDING MED. STAFF PHYS. 22d. ADDRESS 55 GREENE ST., CUMBERLAND, MD.
23a. BURIAL, CREMATIC REMOVAL (Specify BURIA) 24. FUNERAL DIRECTOR GEORGE	3/6/1961	23c. NAME OF CEMETERY Methodist ADDRESS LONACONING,	Cemetery Mt. Savage, MD. 25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2548

	1. PLACE OF DEATH	3,0 3.0				USUAL RESID	DENCE (WI	here decease	d lived. If instit		ence befo	re admissi	on)
)	Al	legany		MARYL	AND		arvl	and	b. COOI1	A 7 7	ega	ny	
4	RURAL and give ne		its, write c.	LENGTH OF STAY	N 1b	-			orate limits, write	RURAL ond	give ne	arest town)	
1		OSTDURG AL (If nat in hospitol, s		l\	14	d. STREET A	rost	burg	,			e. IS RESI	DENICE
	OR INSTITUTION	AL (IT nat in nospitol, g	give street odd	iress)		d. SIKEEL A						ON A	FARM?
		Beall Str	eet	4		1 5	Bea		treet			YES 🗌	№ 📉
	3. NAME OF DECEASED		rst	Middle		Last		4. DATE OF		lonth	Do		ear
1	(Type or print)		bert			Bra		DEATH	March			th, 1	
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH	1		9. AGE (In year lost birthday	Manths	R 1 YEAR	Hours	Min.
	Male	White	WIDOWED	DIVORCED		uly 19	th,]	1862	98	rs.	Doys	naurs	min.
	10a. USUAL OCCUPATIO	N (Give kind af wark ing life, even if retired	dane 10b. KIN	D OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (State	or fareign c	ountry)	12.CI	TIZEN O	F WHAT CO	DUNTRY?
	Ret. Mine		Coa	al Minin	g	Eng	land	3		1/4/2/97	US	A	
	13. FATHER'S NAME					14. MOTHER'S			a Co				
	Enos Br	ain				F.mn	na Fi	ields					
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFC		10, 1	roras	· A	ddress .			
	(Yes, na, or unknown)	If yes, give war or dates of	-	Vone	Ear	י עו	Rentr	1 Ame	rican	ATTO	RIB	a M	a
	TIR CAUSE OF DEA	TH [Enter only one co			THOIL .	7	11011	T AILE	Lican	Aven		ERVAL BET	
i	The second secon	TH WAS CAUSED BY:	111	Diis	50	RIA	200	7				SET AND	
	UFA	IMMEDIATE CAUSE (c			9	12 1					1	420	43
	730.0	DUE TO	,	0	20.0	VIV					19		
	Conditions, if or)(Ju.	M	my	?	7			_/_		
	cause (o), stating												
	lying cause lost.) (0											
	PART II. OTH	IER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THETERM	INAL DISEAS	SE CONDITION (GIVEN IN PA	RT 1(a)	PERFO	MED?
d	CAI											YES 🗌	NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY OC	CURRED.	(Enter nature o	f injury in	Part I or Por	rt II of item 18.)				-
		MEDICAL EXAMINER)	Steel										
4	20c. TIME OF INJUR	Y Manth, Day, Ye				E OF INJURY (I			y or tawn)		(County)		(Stote)
	20c. TIME OF INJUR Hour o. m. p. m.	19	While of work	Nat while ot work	ideloi	y, sireer, dirice	blag., etc	/					
ı		t (I) (this haspito	1) ottended	the deceased i	ramo	le. 1	10	(d) 10	merle	7 19/	4/ 11	at (1) (s	va) last
ı		ed olive on	1/2/2/	19/4/ , and			- 1 2 m						
	22a. SIGNATURE	ed onve on Le		17362.J., 7 dilid	mar dec	JIII OCCOTTEC	100-7-1		The cooses	Ond On 11	ie duit		DATE
	1	1) MHC	Lan	nl -	M.I	ATTENDING	M M	RECTOR	STAFF PHYS.	MI	W/4	4911	SIGNED
	22c. PHYSICIAN'S	2011	1 Lar "		,,,,,	22d. ADDR		INCETOR [11113.	1110		401	
	NAME (Type)	W. O. M	cLane		11	167	E. 1	Main	Street	. Fro	ostl	ourg.	Md.
	23a. BURIAL, CREMATIO			3c. NAME OF CEME	TERY OR O				TION (City, taw			(Stote	
	REMOVAL (Specify) Burial	3-15-6		Frostbur			rk	100	ostburg				d.
	24. FUNERA) DIRECTOR		- Ale	ADDRESS	0 **			'D BY REGIS		GISTRAR'S	SIGNATU		~ •
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	he ward "pending" in pencil in Item 18	cal Exominer's Office along with form	3 should be used as a burial-tronsit pe
	the ward "pending" in pencil in Item 18	dical Exominer's Office along with form	ye 3 shauld be used as a burial-tronsit pe
	ng the ward "pending" in pencil in Item 18	Medical Exominer's Office alang with form	lage 3 shauld be used as a burial-tronsit pe
	iting the ward "pending" in pencil in Item 18	f Medical Exominer's Office along with form	: Page 3 shauld be used as a burial-tronsit pe
	writing the ward "pending" in pencil in Item 18	nief Medical Exominer's Office alang with form	OR: Page 3 shauld be used as a burial-tronsit pe
	s, writing the ward "pending" in pencil in Item 18	Chief Medical Exominer's Office alang with form	TOR: Page 3 shauld be used as a burial-tronsit per
	ate, writing the ward "pending" in pencil in Item 18	e Chief Medical Exominer's Office alang with form	ECTOR: Page 3 shauld be used as a burial-tronsit pe
	Scate, writing the ward "pending" in pencil in Item 18	the Chief Medical Exominer's Office along with form	IRECTOR: Page 3 shauld be used as a burial-tronsit per
	rtificate, writing the ward "pending" in pencil in Item 18	to the Chief Medical Exominer's Office along with form	DIRECTOR: Page 3 shauld be used as a burial-tronsit pe
	certificate, writing the ward "pending" in pencil in Item 18	d to the Chief Medical Exominer's Office along with form	AL DIRECTOR: Page 3 shauld be used as a burial-tronsit pe
	e certificate, writing the ward "pending" in pencil in Item 18	ed to the Chief Medical Exominer's Office along with form	RAL DIRECTOR: Page 3 should be used as a burial-tronsit pe
מינים ביינים ביי	the certificate, writing the ward "pending" in pencil in Item 18	we tot the Chief Medical Exominer's Office along with form PM3. Page 5 may be retained for your fes.	U. AAL DIRECTOR: Page 3 shauld be used as a burial-tronsit permit. File pages 1 and 2 with the regis. priar to burial, cremation

2	0	-	10	0
VS.	A	15/	ME	(5)
5	M	9/	55	

				STATE DEPAR						18 Reg. Dist		2526
1.	PLACE OF DEATH	llegany		MARYI	AND	2. USUAL RESID	ENCE (W	here deceas	b. COUNT	tion: Residence		
	Frostbur	(If outside corporate limits wn)	, write RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TO			porate limits, write			
	Miners I		N (If not in hor	pital, give street address)	d. STREET AD	DRESS					IS RESIDENCE ON A FARM? S NO
	NAME OF DECEASED (Type or print)	Donald	First Fr	Middle ederick B	rait	thwaite		4. DATE OF DEATH	Mar. Month		Day 5	Year 19 61
5.	Male	6. COLOR OR RA	WIDOWE	ED NEVER MARRIED D DIVORCED		DATE OF BIRTH	946		9. AGE In years lost birthday) 15 yrs.	Months Do		INDER 24 HRS. urs Min.
100	usual Occupativing most of worl	TION (Give kind of w king life, even if reti	ork done 10b. I red)	(IND OF BUSINESS OR II	NDUSTI	Maryl	44 500 500	or fareign c	ountry)	U.S.	A	HAT COUNTRY?
13.	Arthur	Braithwa	ite			14. MOTHER'S M.	_	Smith			^	
(Yes	WAS DECEASED I	(If yes, give wer or dal		SOCIAL SECURITY NO.		rthur Bra	ithw	aito-	Address R.D.1 Wes	sternpo	ort,	Md.
		ATH [Enler only one ATH WAS CAUSED E IMMEDIATE CAUS	Yı	for (a), (b), and (c).] EMPYEMA, R:	IGHT	r.					INTERVAL BONSET AND	ETWEEN D DEATH COK
	Canditions, if gave rise to Imm		(b)	LOBAR PNE	MON	VIA, RIG	HT				10	Days
_	(a), stating the cause last.	underlying DUE	(c)									
CERTIFICATION	FF	LACTURE OF	LEFT H	UMERUS: FRA	TUF	RE LEFT T	TBIA	AND	FIBULA	EN IN PART 1	(a) 19. W PE YES [RFORMED?
	20g. EXTERNAL C. PRIMARY G or CO CAUSE OF DEATH	AUSE WAS ONTRIBUTING		E HOW INJURY OCCURRING STOPPE					and the second	ING		
MEDICAL	20c. TIME OF INJ			NJURY OCCURRED 200	facta	E OF INJURY (Horry, street, affice bl	me, form, ldg., etc.)		or town) ERNPORT, A	(Count		(Stote)
	21. I certify	that I taak cha		emains described Accident ,				⊠, Ir	nspection ,	Inquiry		
	ACTUAL SIGNATURE	Benedi	tSki	tarelia		_M.D. CHIEF MED	DICAL EXA	MINER [DA	TE SIGNED
		enedict Sl		ic, M.D.				L EXAMINE		6, 19	61	
220	BURIAL CREMATI REMOVAL (Specif Burial	3/9/6°	REOF	22c. NAME OF CEMETER Duckworth	RY OR	CREMATORY			TION (City, lown, o) Md	State)
23.	FUNERAL DIRECTO	PR'S SIGNATURE	Vesto	ADDRESS Inhort	MC			8Y REGIST 1 0 '61	RAR 24b. REGIS	TRAR'S SIGN	ATURE	

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	Page	3401,4	Description of the second	STEP COLUMN C. E. PRINCE
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1.1.	docon have		.C.W. at the	enchalt mark by the control
			(Cresspill)	17/0/4

TO FUNE page 3 sir

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2550

1. PLACE OF DEATH o. COUNTY	ALLEGANY		MARYLAN	O STA		YLAND	sed lived. If institut b. COUNTY		
RURAL ond give n	If outside corporate limits earest town) STBURG	, write c.	LIFE	1b c. CIT		N (If outside cor	porote limits, write l	RURAL ond give n	earest town)
d. NAME OF HOSPI	TAL (If not in hospitol, given FROST AVEL)	-	dress)	d. ST	REET ADDRE		AVENUE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	LES1		Middle	BRO	DE	4. DATE OF DEAT	H MARCH	nth 3	, Year
S. SEX MALE	TITTOT	7. MARRIED	NEVER MARRIED [CDD	- 0	1904	9. AGE (In years lost, birthdoy) 56 yrs.	Months Days	Hours Min.
BOOKKE 13. FATHER'S NAME GEORG	ON (Give kind of work diking life, even if retired) EPER E BRODE ER IN U. S. ARMED FORC	PAI	NT CONTRA	CTOR 14. MO EL. 17. INFORMAN	MARY THER'S MAIN ZABE	LAND DEN NAME TH HIL	L	U.S.A	MD.
Conditions, if of gove rise to it couse (o), stotling lying couse fost.	mmediate (DUE TO		Con	ond de	y . ISE O	ocal se TERMINAL DISE	ASE CONDITION GI		PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Year	7 20d. INJU While of work	Not while ot work	e. PLACE OF IN foctory, stree	JURY (Home , office bldg	s, farm, 20f. (C g., etc.)	ity or town)	(Count	
21. I certify the saw the decea 220. SIGNATURS 22c. PHYSICIAN'S NAME (Type)	sed alive an 3 JOHN B	13	01	M.D. ATTI	ending A	MED. DIRECTOR [STAFF PHYS.		that (I) (we) las te stated abave 22b. DATE SIGNED
23a. BURIAL, CREMATIC BURIAL Specify 24. FUNERAL DIRECTOR	3-6-19		F BG. MEN ADDRESS FROS TBURG	MORIAL	PARK 250				

.8389 HINDERO HAD WISED TO THE DESTRICT Diversion - Figure 1997 ACCOUNT TWEE TO I WAS A TOUR TOURS. SEPPI OF OFFICE THE ASSESSMENT OF A PROPERTY OF THE PROPERTY OF . . . and assimilar, with the state left skyl acrests the first of the first of the second of the second THE ANTERNASS LANGAGES OF THE STATE OF THE PROPERTY OF THE STATE OF TH . dr. v. abunt fore the like out to be a section of the CAST OF THE STREET, SO, I SHARE TO MISS OF THE STREET, SO IN STREET, SO

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VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2551 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidenca before a. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limifs, write RURAL end give neerest town) write RURAL end give neerest lown) **CUMBER LAND** DAYS CRESAPTOWN d. NAMERIORS ALOHOS DUTTON (if not in hospital, give street address) d. STREET ADDRESS MEMORIAL & WARWICK AVES .. 10 Wood Street NAME OF DATE DECEASED OF CARRIE Jeanetta CHILCOTT MARCH (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | JF UNDER 1 YEAR lachirthdey) Months FEMALE DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPI ACE (County & State, or foreign country) done during most of working life, even if retired) CRESAPTOWN, MD. Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY MC KENZIE JOHN GRANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) MEMORIAL HOSPITAL. CUMBERLAND, MD. No 18. CAUSE OF DEATH |Enter only one couse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which gave rise to Immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar Not While factory, street, office bldg., etc.) Hour e.m. el work at work

(County) (Stata) 19. and that death occure 22.12.14Mfrom the causes and on the date stated above saw the deceased alive. 22e. SIGNATURE ATTENDING STAFF SIGNED 20/6 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S GREENE ST., CUMBERLAND, MARYLAND NAME (Typa) SAMUEL G. WEISMAN 23a. BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR'S SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park 23d. LOCATION (City, town or county) Cumberland, Maryland (Stata)

e. IS RESIDENCE

YES NO X

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMEDA

NO

18

U.S.A.

ON A FARM?

ADDRESS

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

John J. Hafer, Cumberland, Maryland

DAMAR 2 2 '61

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- YARELIA

CHARGELAND 13 OAYS CESSIPTON METHODALAN HOSPITAL
TO MOSE Street

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More - PENDRIAL MOSFITAL, CUMBERLAND, ND.

THE WASTEST OF THE STATE OF THE

SMAREL S. HEISPAN 39 OREC'E ST., CHRESTAND, HARYLAND

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VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2552 CERTIFICATE OF DEATH

1	2	5	2	U)
 U	Por	U		4	

1. PLACE OF DEATH 0. COUNTY	Allegan	y	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased I	b. COUNTY	n: Residence be	
b. CITY OR TOWN RURAL and give Cumber		its, write c. LEN	18/1958	c. CITY OR TOWN	V	te limits, write RU		
A NAME OF HOSP	Allegany	County	Infirmar	A STREET ADDRES				IS RESIDENCE ON A FARM? YES NO NO
3 NAME OF DECEASED (Type or print)	Davi		Middle Unger	Cline	4. DATE OF DEATH	March	h (Poy Yeor 19 61
S. SEX	1		NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YEA	
Male	White	WIDOWED X	DIVORCED [2/16/1879		82 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPAT during mast af wo	ION (Give kind of work arking life, even if retired	done 10b. KIND C	OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (S		ntry)		S · A ·
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
	Alfred Cl	ine		Mary E	Elizabet	h Dudle	ev.	
15. WAS DECEASED EN	ER IN U. S. ARMED FOR		SECURITY NO. 17	INFORMANTP .O.E				rland, Md
(Yes, no, or unknown)	(If yes, give wor or dates of s				unty In			
18. CAUSE OF D	EATH Enter anly one co		-7				IN	ITERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY:	. 16	205 m 1.	su Solo	soni		01	NSET AND DEATH
420	IMMEDIATE CAUSE (c	-	o corre	y son	0000	1	1	1/2
Conditions, if	ony which	(him	nin n	unarli	18001	111111	ation	>
gove rise to	immediate (2	u / ~	your	1 7	7 cris	20-47	-
couse (o), statin	g the under-	. Sel	ule ;	arteris	ocler	6260	-	
	_ /	IDITIONS CONTRI	BUTING TO DEATH B	UT NOT REDATED TO THE T	ERMINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY
PART II. O	Chr	onic	716	pritis				PERFORMED?
20a. ACCIDENT V	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter noture of injury	y in Port I or Part I	l of item 18.)		
20c. TIME OF INJU Hour o. m p. m	10	While N		PLACE OF INJURY (Hame, factory, street, affice bldg.		or town)	(Count	y) (State)
	nat (I) (this haspita ased alive an 3/	001/7	e deceased from	3/8/58 death occurred at_	19, ta_3	/22/61 he causes and	, 19, d on the da	that (I) (we) last te stated abave.
220. SIGNATURE 22c. PHYSICIAN'S	Jaures	8.7	clean	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	3	/23/61 DATE
NAME (Type)	Dr. Jame	s E. Mc	Lean	Ladi. ADDRESS	9 Green	e St.,	Cumbe	rland, Md
23a. BURIAL, CREMAT		OF 23c. 1	NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town, o	r county)	(Stote)
Burial (Specif			stburg '	"emorial Pa	ark Fros	thurg	442	Md.
Beulof H. 7	Mulesant 23		Person Hor		REC'D BY REGISTR.	AR 25b. REGIS	TRAR'S SIGNAT	TURE
			-				- TU	CHUCK THE

vindent the season of the seas Comparing SARTINET SERVICE The grant to with the large of the La march Sitne Cline Hole While x 2/16/1379 82 .A.2.7 bnafeind enot. .by.bnsirepmub = 000 mos.o.g enifo berzia Allegeny Courty Lasty ways was and . 3/33/61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	Allegany ITY OR TOWN (If autside carporate limits, write JRAL and give neorest town) Cumberland Allegany Cumberland Allegany IAME OF HOSPITAL (If nat in haspital, give street address) R INSTITUTION Allegany County Infir As OF E or print) Anna Coc 6. COLOR OR RACE WIDOWED DIV White Wathout Anna Coc Widowed Midowed	CERTIFICA	TE OF DEATI			0	000	
. PLACE OF DEAT	The state of the s	Ŋ	MARYLAND	a STATE		ed. If institution b. COUNTY		
RURAL and gi	/N (If autside carporate lim ve neorest town)	-	3/2/61			limits, write RUF	RAL and give ne	aresi lawn)
d. NAME OF HO	OSPITAL (If nat in haspital, (Infirmary	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)			Middle Cecilia	Coleman	4. DATE OF DEATH M	Manth	12.	
s. sex			NEVER MARRIED	8. DATE OF BIRTH 7/30/1881	9. /	GE (In years		
10a. USUAL OCCUP	working life, even if retired	dane 10b. KII	ND OF BUSINESS OR INDU		and the State of			
13. FATHER'S NAMI		inche		14. MOTHER'S MAIDEN	NAME			D. A.
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO. 17.	NFORMANT P.O.B	ox 599	Addres		
Canditians, gove rise (cause (a), sta	if any, which ting the under-	Lee Chr	reberal onia o	arteria steo- ar	Hris	rose	5.	>
ICATIO	SI	een	dary a	new	ua,		N IN PART 1(a)	PERFORMED?
	T WAS UNDERLYING [] TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY OCCURR	ED. (Enter nature at injury H	n Part or Part c	it item (8.)		
Haur a.		While	_ Nat while fo			tawn)	(Caunty)	(State
	egsed alive an_3/			death occurred at	M, fram the	causes and		
22c. PHYSICIAN		Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission of STATE Maryland 3. COUNTY Allegany County Allegany County Allegany County In Indiana Collina Collina	/12/61					
23a. BURIAL, CREM REMOVAL (Spe Burial	ecify) _ 1 _ 1 /					b. COUNTY Allegany porate limits, write RURAL and give nearest lawn) County		
24. FUNERAL DIREC	TOR'S SIGNATURE	-	ADDRESS	25a. RE	C'D BY REGISTRAR		RAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be itemated by the hospital an ottending physician.

TO FUND. ** DIRECTOR: After this certificate has been signed by the attending physician and completely filled into the funeral director, page 3.5 fould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remayal, and in ony event, within 72 haurs after Geath. VR A15 (4) 15M 9/59

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Allogeny			- projection
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 2554 CERTIFICATE OF DEATH

	llegany		MARYLAND	a. STATE	SENCE (Where deced	b. COUNTY		
b. CITY OR TOWN (If RURAL and give ne		its, write	c. LENGTH OF STAY IN 1b	1	own (If autside co	rporate limits, write R	URAL and give ne	arest town)
OR INSTITUTION	AL (If not in hospitol, and Hospital)	give street or	ddress)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Mary	rst	Middle	Colme	OF		rch	29 19 6
s. sex Female	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTI	7.1807	9. AGE (In years last birthdoy) 62 yrs.	Manths Days	Haurs Mi
10a. USUAL OCCUPATIO		dane 10b. K	IND OF BUSINESS OR INDI	Avil	ton, Ma MAIDEN NAME		12. CITIZEN O	S.A.
5. WAS DECEASED EVER	Edward W	RCES? 16. S		Sar	ah Chane	Add	ress	50
(Yes, no, or unknown)	(If yes, give wor or dates of s	service)		Gilbert	Colmer	Nik	ep. Md.	
gave rise to in cause (a), stoting lying cause last.	the <u>under-</u> DUE TO	c)						10 11110
_			ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTO
4 10 171								PERFORMED
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCI	RIBE HOW INJURY OCCURR	ED. (Enter noture o	Finjury in Part I ar	Part II af item 1B.)		PERFORMED YES NO
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour a.m. p. m.	MEDICAL EXAMINER)		JURY OCCURRED 20e. F		Hame, farm, 20f. ((County)	YES NO
20c. TIME OF INJURY Haur a. m. p. m. 21. I certify tha saw the deceas	Y Month, Day, Ye 19 It (I) (this haspita	20d. 1N. While at wark	JURY OCCURRED 20e. F	PLACE OF INJURY (actary, street office	Hame, farm, 20f. (c) bldg., etc.)	City or town)	12_, 19_6/, tl	YES NO (Si hat (I) (🖛)
20c. TIME OF INJURY Hour a.m. p. m. 21. I certify that saw the decease 22a. SENATURE	Y Month, Day, Ye 19 It (I) (this haspita	20d. 1N. While at wark	JURY OCCURRED 20e. Port of the deceased fram	PLACE OF INJURY (actary, street, office) death accurred M.D. ATTENDIN PHYS.	Hame, farm, bldg., etc.) 20f. (c)	City or town) X m the causes ar	12_, 19_6/, tl	YES NO (SI
20c. TIME OF INJURY Haur a.m. p.m. 21. I certify that saw the decase	Y Month, Day, Ye 19 It (I) (this haspita	20d. 1N. While at wark	JURY OCCURRED 200. P	PLACE OF INJURY (actary, street, office) death accurred M.D. ATTENDIN PHYS. 22d. ADDRI	Hame, farm, 20f. (c) bldg., etc.) 20f. (c) dl at 1. 45 M, from DIRECTOR	City or town) X m the causes ar	19.6£, the date	yes No (Si hat (I) (-e) le stated about 22b, DAT 3 SIG
20c. TIME OF INJURY Hour a.m. p.m. 21. I certify that saw the decease 22a. SENATURE	Medicar examiner) Y Month, Day, Ye 19 It (I) (this haspital and alive an	war 20d. IN. While at wark II) attended 3/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/	JURY OCCURRED 200. P	death accurred M.D. ATTENDIN PHYS. 22d. ADDRI	dame, farm, bldg., etc.) 20f. (c) 20f. (c) bldg., etc.) 20f. (c) bldg., etc.) 20f. (c) 20f. (c	City or town)	1, 19.6/, the date	yes No (Si hat (I) (-e) le stated about 22b, DAT 3 SIG

5 2556 KERINDATE OF DIATH bandyell, this to be the band of the colors Leave the contract of the cont

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUT AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the register.

			2553ME	DICA I	16.22d	NEK'S	CERTIFIC	AIE OF	DEATH	Reg. Dist	No. UADA
	1. 1	LACE OF DEATH	F.EYGANY		MA	RYLAND	o. STATE Ne	CE (Where deced	h COUR		
	b		whide corporate limits, write	RURAL	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOW	N (If outside co	rporote limits, wri	e RURAL and g	ive neorest lown)
			MBERT.AND		16 Min	l a	Vero	na	3 7/34	67	X -3
	d	. NAME OF HOSPITA	L OR INSTITUTION (I	f not in hosp	ital, give street odd	lress)	d. STREET ADDRE	SS		100	ON A FARM
	-		CRED HEART	HOSPI	TAI.		88 H	illside	Avenue,		YES NO
	-[NAME OF DECEASED	Fin		Middle		Losi	4. DATE OF	Mor	nth	Day Year
		Type or print)	CLY		C.		CONNOR	DEATH		(4 1961
	5. S	MALE	6. COLOR OR RACE WHITE	WIDOWED			12/15/189°		9. AGE (In years lost birthday)	Months Do	
	10o.	USUAL OCCUPATION	N (Give kind of work	done 10b. KI	ND OF BUSINESS C	R INDUST	TY 11. BIRTHPLACE (State or foreign	country)	12. CITIZE	N OF WHAT COUNT
	500	uring most of working etired Civi	il Engineer	Be	ll Tel. C	o. N.	J. Hope !	Iwo. N.	Dakota		USA
	13.	FATHER'S NAME					14. MOTHER'S MAID				
		Charles	Wyman Cor	mor			Florence	ce Brown			
	15. (Yes,	WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. S	OCIAL SECURITY N	O. 17. IN	FORMANT		Addre	18	
		Yes	WW 1	13	37-91-952	2 Mr	s. Clyde I	. Conno	r, Veron	a, N.J.	
			H [Enter only one cau	se per line f	or (o), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH
			DUE TO y, which (b)		CORONARY	SCI	EROSIS				10-20 Min.
5	CATION			DITIONS COI	NTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE 1	ERMINAL DISEA	SE CONDITION G	IVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20g. EXTERNAL CAUS PRIMARY OF CON' CAUSE OF DEATH.	FRIBUTING []	b. DESCRIBE	HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Port I	l of item 18.)		
	MEDICAL	Hour a.m.	Month, Day, Yea	While	NJURY OCCURRED Not while of work	focto	E OF INJURY (Home, ry, street, office bldg.	form, 20f. (Cit , etc.)	y or town)	(Count	y) (Stote)
			at I taak charge fram: Natural			_	ide 🔲, Homi	cide [], U	Indetermined		And find the
2		SIGNATURE S	enedict sk:	TI'ARET	TC. M.D.		ASSISTANT M	AL EXAMINER [EDICAL EXAMIN CAL EXAMINER	ER 🗆	1. 19	%1
		BURIAL CREMATION REMOVAL (Specify) Burial	3/8/61	F	name of cem Rockland		CREMATORY		ATION (City, town	77 =/	(Stote)
	23.	FUNERAL DIRECTOR'S			ADDRESS	-4		REC'D BY REGIS		SISTRAR'S SIGN	
		Tohn T Ha	fer, Cumbe	backer	Marrian	7	1	E MAR 7	'61 (Irthun S.	er a A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION C	T SIMIISTICAL RESEARCH MIND RECORDS - BM	-
2556	CERTIFICATE OF DEAT	H
		_

		2556		CER	TIFICA	ATE OF	DEATH	1			n	253	2
1, PLACE (OF DEATH	legany			MARYLAND	2. USUAL RI o. STATE	ESIDENCE (W		d lived. If institu b. COUNT	V	nce befor		on)
RURA	OR TOWN (If L and give near Cumber	outside corporate limi irest tawn) land		c. LENGTH OF	STAY IN 16		- 4	outside corpo	rote limits, write)
d. NAM OR II	NSTITUTION	L (If not in hospital, s	1 11 120	address)			ADDRESS A Broa	.dway		1	•		FARM?
3. NAME (DECEAS (Type or	ED	CORA	rst		OUISE		Lost	4. DATE OF DEATH	Marc	onth ch	Day		rear 19 61
SEX Fe	male	6. COLOR OR RACE White	7. MARR	DIV	MARRIED	B. DATE OF BI	18, 1	874	9. AGE (In year last birthdoy)	Months	Days	Hours Hours	R 24 HRS. Min.
during	most of warking	N (Give kind af working life, even if retired)	KIND OF BUSIN		But	IPLACE (State	e or foreign co		12.CI1	US.		OUNTRY?
15. WAS D	Frank ECEASED EVER	IN U. S. ARMED FOR	RCES? 16.	social securi		Maj	ry Cat	herine	Shoemak Ad	dress			
gove	ditions, if on a rise to im (a), stating the couse lost.	mediote (7	Mayor	are	letes of	TO THE TER	Jacobs MINAL DISEAS	James E CONDITION G	IVEN IN PA	2 7	2 - 2 J	Ne_
≥ OR CC	INTRIBUTING !	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJ	URY OCCUR	RED. (Enter notur	e of injury in	n Port I or Por	t II of item 18.)			YES 🗌	NO 🔣
0	ME OF INJURY Hour a.m. p.m.	Month, Day, Ye	While	NJURY OCCURRI		PLACE OF INJUR foctory, street, of			or tawn)		(County)		(Stote)
22c. Pt		lengt.	yur,	Jun		ATTEND PHYS. 22d. AD	red at 73	MED.	STAFF PHYS.	ind an th	e date	stated	abave. DATE GIGNED
23a. BURIA REMO	L, CREMATION VAL (Specify)	Clay E. D 23b. DATE THEREO 3/21/61		23c. NAME O		OR CREMATORY Cemeter	,	23d. LOCA	erland, TION (City, town mberland	, or county)	and_	(State	e)
	AL DIRECTOR'S	SIGNATURE Cambe	rland	ADDRESS				HARY ZEGIST	RAR 25b. REC	SISTRAR'S S			

			2556	
Viet 11".	he val		Varya I.C.	
			Apply decided	
	Cohere M.			
1	Secretary and the Bulk of			
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	ALLE CONTRACTOR CONTRACTOR		建设,1.4 通常	
	en frankrik, meda 18 mai A. e. La esta de la Santa de la constanta			
A velice				
	1 21:1			
	Later transcription of the	.0.2.00	and advatt	

filled in by the funeral Pages 1 and 2 should hours after death TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death use 4 may be retained by the hospital or attending physician. TO FULLIAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

15M 9/60

Parent .

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2557 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. STATE b. COUNTY
MARYLAND B. COUNTY ALLEGANY
c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
CUMBERLAND
d. STREET ADDRESS e. IS RESIDENCE
807 COLUMBIA AVENUE ON A FARM?
Lest 4. DATE Month Day Yeer OF
& DREYER DEATH MARCH 17 19 61
8. DATE OF SIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
APRIL 24, 1888 72 yrs. Months Deys Hours Min.
TRY 11. SIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY?
CUMBERLAND, MARYLAND U.S.A.
14. MOTHER'S MAIDEN NAME
MARY KRAPF
INFORMANT Address
ÆMORIAL HOSPITAL - CUMBERLAND, MARYLAND
INTERVAL SETWEEN ONSET AND DEATH
assula Acudet 12 day ~
el Polemoselvonie go
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PERFORMED? YES NO V
D. (Enter neture of injury in Perl I or Pert II of item 18.)
ACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (Stete)
ctory, straat, office bldg., etc.)
3/5/// 10 10 3/17 10// 144 (1) (10) 144
at death occured at.I
at death occurred at.tta
ATTENDING MED. STAFF
M.D. PHTS. DIRECTOR PHTS.
Algorany Hotel Combolon
OR CREMATORY 23d LOCATION (City, town or county) (State)
or CREMATORY 23d LOCATION (City, town or county) neran Cem. (State) Cumberland, Maryland
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RETIRED Mondicine B. A O. P.R.CO. - CUMPERLUD, WARLAND U.S.A.

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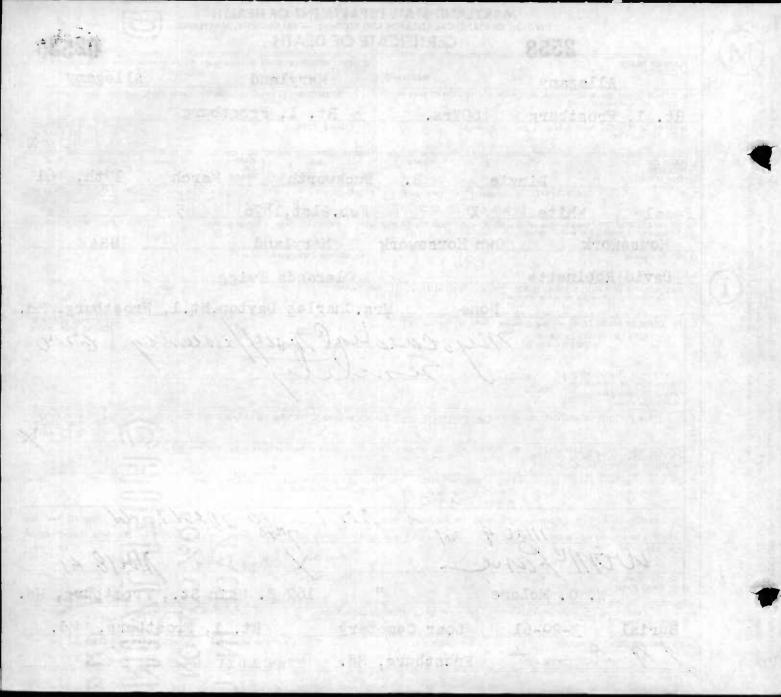
MARYLAND	STATE	DEP	ARTMEN	T OF	HEA	LTH
ON OF STATISTICAL	RESEARCH	AND	RECORDS —	BALTIM	ORE 1	, MARYLAN

	2558	CERTIFICA	ATE OF DEATH		MARTLAND		025	35
1. PLACE OF DEATH a. COUNTY	llegany	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryl)		d lived. If instituti b. COUNTY		before odmi	
	If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside corpo	rate limits, write R	RURAL and give	nearest tav	vn)
	rostburg	60Yrs.	X Rt. 1.	Fros	tburg			
	TAL (If not in hospital, give stree		d. STREET ADDRESS				ON	A FARM?
3. NAME OF	First	Middle	Lost	4. DATE	Mar	nth	Doy	Year
(Type or print)	Lizzie	В.	Duckworth	DEATH	March	17	7th.	1961
5. SEX		RRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			
W7-	White WIDOV		Feb.21st.	876	last birthday) 85 yrs.	Manths Da	ys Haurs	Min.
Female	ON (Give kind af wark dane 10b			a or foreign o		12 CITIZE	N OF WHAT	COUNTRY?
during mast af war	king life, even if retired)				,			
Housew	ork 0	<u>wn Housework</u>				U	SA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
David F	Robinette		Claranda	Twig	g			
	R IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT		Add	dress		
(104) 10, 01 011110111,		None M	rs Charles	Dayto	n.Rt.1.	Fros	thure	. Md
18. CAUSE OF DEA	ATH [Enter anly ane cause per	7	1 0		/		INTERVAL I	BETWEEN
	ATH WAS CAUSED BY:	Mi. An.	de la Como	11/1	1 110 1	1	ONSET AN	D DEATH
105	IMMEDIATE CAUSE (a)	MATERIA	The first	4-1	CARRE	eg	6	-6
42	2. L DUE TO	16	1) 11	11				
Canditians, if a		1 jer	nuce	7				
gave rise to i		The state of the s	./					
lying cause last.	(c)		V					
PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PART 1	PERF	S AUTOPSY FORMED?
20a. ACCIDENT W	AS UNDERLYING 20b. DE G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURE	RED. (Enter nature af injury in	Part I ar Pai	rt II af item 18.)			
Y 20c. TIME OF INJUING Haur a. m. p. m.	Whil		PLACE OF INJURY (Hame, far factory, street, affice bldg., e		y ar tawn)	(Cau	unty)	(State
21 I certify the	at (1) (this haspital) atter	ded the deceased fram	NOVI	960.to	meri	19/0/	, that (1)	(we) las
	sed alive an TIMAL	6 1 .			the causes a			
22a. SIGNATURE	sed drive un ZIZE	1764. , and mai	death accorred diz	Z,M, II am	the couses of	na an me c		22b. DATE
W	om Fan	2	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	May	86	SIGNED
22c. PHYSICIAN'S NAME (Type)	W. O. McLane		22d. ADDRESS 167	E. Ma	in St.,	Fros	tburg	, Md
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, tawn,	ar county)	(\$1	tate)
Burial (Specify	3-20-61	Loar Ceme	eterv	Rt.	1, Fro	stburg	. M	d.
24 FUNERAL DIRECTOR		ADDRESS			TRAP 255 REG			

Frostburg, Md.

DATEMAR 21

arihur & Kroses



VS A15 (4) 15M 9/5B

	2559		CERTIFIC	ATE OF DEATH	1		Reg. Dist.	253	6
1. PLACE OF DEATH a. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (Who a. STATE West V	ere deceased irgini	lived. If institution b. COUNTY	an: Residence bef	are admissio	
RURAL and give n			ENGTH OF STAY IN 16	c. CITY OR TOWN (If a		ate limits, write R	URAL and give no	earest tawn)	
OR INSTITUTION	TAL (If not in hospital, g Street		months (ss)	d. STREET ADDRESS Star R				e. IS RESIL	FARM?
B. NAME OF DECEASED (Type or print)	Fir Lat		Middle Tressie	tost Fike	4. DATE OF DEATH	March		-	ear 9 61
5. SEX Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH June 18, 1877	5	P. AGE (In years last birthday) 83 yrs.	IF UNDER 1 YEA Manths Days	Haurs	R 24 HRS Min.
Oa. USUAL OCCUPATION during mast of war Housewife	ON (Give kind af wark a king life, even if retired	dane 10b. KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State Terra Alta		untry)	12. CITIZEN C	F WHAT CO	DUNTRY
James S.	Myers			14. MOTHER'S MAIDEN N	IAME	0 - 11-			4
	R IN U. S. ARMED FOR (If yes, give war or dates of s		AL SECURITY NO.	INFORMANT Mrs. Maria McF		Add		vland	
Canditians, if a gove rise to i cause (a), stating lying cause last. PART II. OTI	m mediate	Met		al and r	egios Nal Disease		odes.		RMED?
200. ACCIDENT W/OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER MEDICAL EXAMINER MEDICAL EXAMINER	ar 20d. INJURY	Y OCCURRED 20e. F	ED. (Enter nature af injury in F PLACE OF INJURY (Hame, farm actary, street, affice bldg., etc.	, 20f. (City		(Caunty)	(State
21. I certify the alive an	at I attended the	deceased f		h accurred at 12 No. M.D. 48 Broad Frostburg	M, from t ADDRESS (Sir Way, Mary	he causes an eet, city ar tawn, Frostbu	d an the dat state)	e stated DATE	abave signe
Removal & B	Surial 3-30)-61 Go	ortner Union		Gorti	ner, Mar	yland.	IPF	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	600U-	CERTITION	IE OI DEATH		0.000
. PLACE OF DEATH	- 1 ven	7 XIIM 4200 5/	2. USUAL RESIDENCE WH		ution: Residence before admission)
o. COUNTY	ALLEGANY	MARYLAND	o. STATE MARY	LAND b. COUNT	ALLEGANY
b. CITY OR TOWN (III	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside carporate limits, write	RURAL and give nearest town)
	TBURG	2 DAYS	FROS	TBURG, RT.	1,
d. NAME OF HOSPIT OR INSTITUTION MINE	RS HOSPITAL	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
NAME OF	First	Middle	Last	4. DATE M	onth Day Yeor
DECEASED (Type or print)	SAMUEL	JAMES	FILER	OF DEATH MARCH	
X			B. DATE OF BIRTH	9. AGE (In yeo	
ALE	****	WED DIVORCED	MARCH 11,	1921 10st birthdoy	Months Doys Hours Min.
	ON (Give kind of work done 10 king life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTR
EAM FIRE		TEACHERS COLL	EGE MA	RYLAND	U.S.A.
FATHER'S NAME			14. MOTHER'S MAIDEN		
SAMUEL	FILER		NANN	IE FATKIN	
	R IN U. S. ARMED FORCES? [1]		NFORMANT		BOX 88
		213-18-2152 M	RS. SAMUEL	FILER, FROS	TBURG, MD. RT.
18. CAUSE OF DEA	ATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	acute (ardiac Dr	latation	5 minu
297	DUE TO				
Conditions, if o	ny, which) (b) Co	irdiac conce	stive Failu	re + Pulmono	weden 6 days
gove rise to i	mmediate DUE TO	,		,	
lying couse lost.	(c)	mythysem	a with fe	brosis (pul	monay \$ 10 yrs
PART II. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPS
Cor	nulmonal	e: Chronic	Cholecust	tis + choletis	Triasis YES NO
20a. ACCIDENT W	AS UNDERLYING 206. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port II of item 1B.)	
(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
20c. TIME OF INJUR Hour o. m.		- 1	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	n, 20f. (City or town)	(County) (Sto
p. m.	19 Whi	ile Not while or work of work	,,,	,	
21. I certify the	ot (1) (this hospital) atte	nded the deceased from	6/20 19	51,10 3/16	1961, that (1) (me) lo
sow the deceos	211	, ,	leath occurred of		ond on the dote stated abov
220. SIGNATURE	A			,	, 22b. DATE
Dru	u.k.T.OV	anat	M.D. PHYS.	IRECTOR PHYS.	3/17/7
22c. PHYSICIAN'S	~ ~		22d. ADDRESS		
NAME (Type)	F. T. HARRA	AT, M. D.	26 W. ME	CHANIC ST.	FROSTBURG, MD
	DN, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, tow	n, or county) (Stote)
REMOVAL (Specify)		F'BG. MEMO	RIAL PARK	FROSTBUE	
, FUNERAL DIRECTOR		ADDRESS			GISTRAR'S SIGNATURE
1.17	Durch	FROSTBURG,	MD. DATE		*-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be examined by the haspital ar oftending physicion.

TO FUNE.

DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 schools be detached for use as the burial-transit permit. Then please remove carbon pages. Pages I the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

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MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS - R	ALTIMORE 1 MARY

2561 CERTIFICATE OF DEATH

1	12	5	3	O
_	-			

1. PLACE OF DEATH o. COUNTY	JEGANY		MARYLA		. USUAL RESIDENCE o. STATE	(Where decease	d lived. If instituti b. COUNTY		
	(If outside corporate limit	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN		orate limits, write R	-	3.4
	ERLAND		15 days	3	CUMBE	RLAND			
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in hospital, g	ive street			d. STREET ADDRES			5 197	e. IS RESIDENCE ON A FARM?
10	SACRED	HEAR	T HOSPITAL		1112	N. Sma.	Thood:	street	YES NO
3. NAME OF DECEASED (Type or print)	Fire	st	Middle	ריהד	Lost CSH ER	4. DATE OF DEATH	Mor	nth	Day Year 17 19 61
5. SEX	GEORGE	7 444.00	WALTER		DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	17 19 61 EAR IF UNDER 24 HRS.
MARIE	WHITE	WIDOW			10/28/81		last birthday) 79 yrs.	Months Do	
10a. USUAL OCCUPAT	ION (Give kind of wark of	dane 10b.	KIND OF BUSINESS OR	INDUSTR		tote ar foreign a	country)	12. CITIZEN	OF WHAT COUNTRY?
during most of wo	rking life, even if retired composition of the comp			rcui		ARYLAND		2	U.S.A.
13. FATHER'S NAME			Cour	rt	14. MOTHER'S MAIDE	NAME			
TOUNT	F. FTSHER				MARY	Koegel			
1S. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO		Rooger	Add	ress Cara	mb. Md.
(Yes, no, or unknown)	(If yes, give war or dates of s	21	3-12-9674	Mis	s Lois V	. Fish	er 112		allwood S
18. CAUSE OF DE	ATH [Enter only one ca	use per lij	for (o), (b), and (c).]						INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:		Uremia					OF THE	ONSET AND DEATH
4112	IMMEDIATE CAUSE (o)							
172	X	1/2.	and the	1	Aio-Vas	- 0	0.0	Kree	4.41
Canditians, if		1/4/	per maine	100	raco- rac	cert	renal	- 10 -2	
cause (a), stating		V							
lying cause last	<u>.</u> (c)							
PART II. O'	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TE	ERMINAL DISEAS	SE CONDITION GI	VEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
ZAT .	Daketes	m	elletus)					YES NO
OR CONTRIBUTION	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter noture af injury	in Part I ar Pa	rt II af item 1B.)		
3 20c. TIME OF INJU	IRY Month, Doy, Yes	ar 20d. II	NJURY OCCURRED 2		OF INJURY (Hame,		y or town)	(Cau	inty) (State)
Y 20c. TIME OF INJU	10	While	Nat while	foctor	y, street, office bldg.,	etc.)			
21. I certify th	at (1) (this haspital) attend	ded the deceased fi		3/2	12 ta_	3/17		, that (I) (we) last
saw the deced	ased alive an	3/16	19_6/ and t	hat dec	th accurred at	Of fram	the causes ar	nd an the a	late stated abave.
22a. SIGNATURE	2 , 0								22b. DATE SIGNED
Te	v. I her	- 8	-C.	M.I	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		3/17/61
22c. PHYSTOLAN'S	-	110			22d. ADDRESS				11
NAME (Type)	H LEY M.D.					456 N.	CENTER ST	REEDT	
23a. BURIAL, CREMATI	ON, 23b. DATE THEREC)F	23c. NAME OF CEMET	ERY OR C		**	TION (City, tawn,		(Stote)
Burial (Specific	3/20/6	1	SS. Pete	r &	Paul's		berland		yland
24. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS		1	REC'D BY REGIS		ISTRAR'S SIGN	<u> </u>
	e George	Cum	berland,	Wd.					
114 Hayn	000190	V W III	Dor Land		DATE	MAR 21	'61	Cillian S.	Thomas

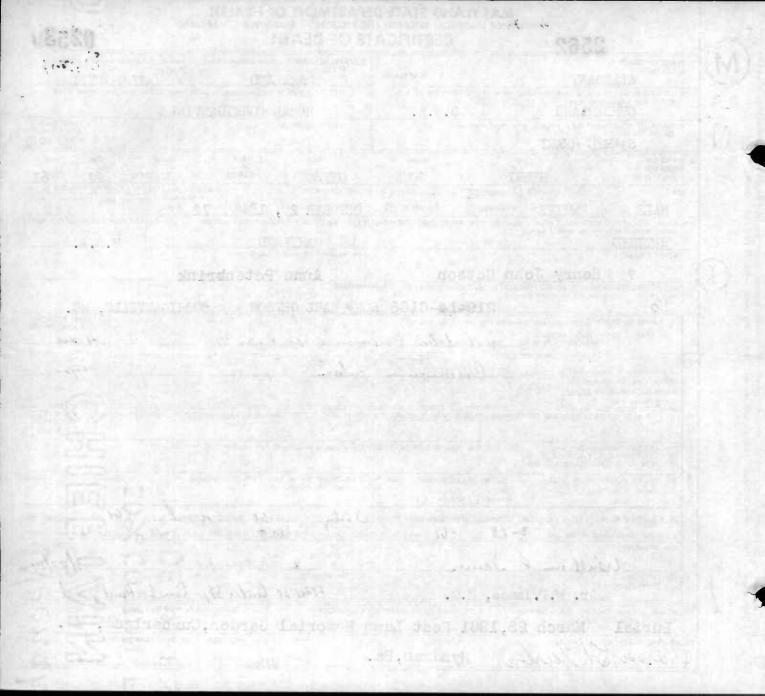
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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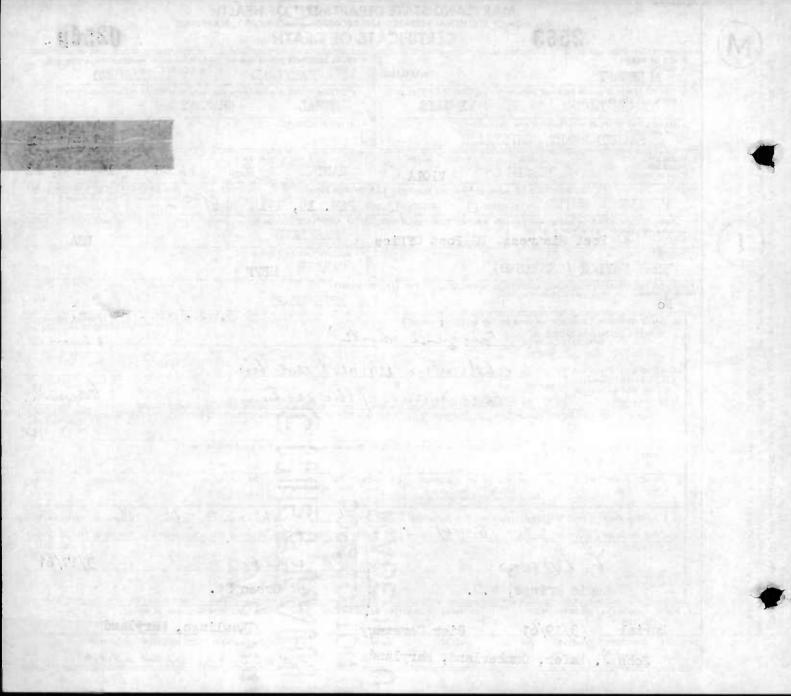
1. PLACE OF DEATH a. COUNTY ALLE	GANY		MARYLAND	2. USUAL RESIDENCE (W. g. STATE MARYI		l lived. If institution b. COUNTY	ALLEGA		sian)
RURAL and give ne	autside carporate limi arest town) FREAND	ts, write	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rate limits, write RI	JRAL and give	nearest taw	n)
OR INSTITUTION	AL (If not in hospitat, g	ive street	address)	d. STREET ADDRESS				ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fir HEN		Middle JOHN	Lost GET SON	4. DATE OF DEATH	Man	AR CH	Day 22	Year 1961
5. SEX	6. COLOR OR RACE WHITE	1	RIED NEVER MARRIED	B. DATE OF BIRTH	1.888	9. AGE (In years last birthday) 79 yrs.	Manths Da	AR IF UND	
10a. USUAL OCCUPATIO		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIGNARY LA	te ar foreign o	16	12. CITIZEN	S.A.	COUNTRY?	
		CES? 16.	etson social security No. 17. IN	IFORMANT	Peten SON	Add	ress ANVILLE	_ MD	
Canditions, if a gave rise to it cause (a), stating lying cause last.	the under-)))	Carcinoma Carc	columnot related to the ter	MINAL DISEAS	E CONDITION GIV		PERF	6
20c. TIME OF INJUR Haur a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Ye 19 It (1) (this haspita	ar 20d. I While at war	Nat while fa	ACE OF INJURY (Hame, factory, street, affice bldg., c	20f. (City etc.)	or town)		thot (I)	
22c. PHYSICIAN'S NAME (Type)	Dr. W.P.I		, M.D.	M.D. PHYS. 22d. ADDRESS	MED. DIRECTOR Centre	STAFF PHYS. Sty Cum	berland	3/2	26. DATE SIGNED
230. BURIAL, CREMATIC REMOVAL (Specify) BULT 12. 24. FUNERAL DIRECTOR	March :		23c. NAME OF CEMETERY C 961 Rest Law ADDRESS Hyndman, Pa	n Memorial	Garde	TRAR 25b. REGI		ATURE	



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY ALLEGAI	NY		MARY	LAND	2. USUAL RESIDENCE a. STATE MAR	E (Where decease YLAND	ed lived. If instituti b. COUNTY		GANY	odmiss	ion)
b. CITY OR TOWN (I RURAL and give of CUMBEL	If autside carporate limi earest town) RLAND	ts, write	c. LENGTH OF STAY	IN 1b	CITY OR TOWN		orate limits, write R CRESAPT OW		give near	est tawn	1)
d. NAME OF HOSPIT OR INSTITUTION SACR	FAL (If not in haspitot, g ED HEART HO	SPITA			d. STREET ADDRE	SS	9		1007310	ONA	FARM?
3. NAME OF DECEASED (Type or print)	BESS		Middle VIOLA		GRANT	4. DATE OF DEATH	MARC		16 Pay	BELVIO	Yeor 19 61
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARE	NEVER MARRIE		FEB. 18,	1914	9. AGE (In years last birthday) yrs.	Months		F UNDE Hours	Min.
10a. USUAL OCCUPATION HOUSEWIFE	ON (Give kind of work king life, even if refired Post Mistr	dane 10b.	WS Post Of:		TRY 11. BIRTHPLACE (MARYLA		country)	12.CITI		WHATC	OUNTRY
13. FATHER'S NAME JERRY TA	YLOR (DECEA	SED)			CARRIE	HUFF					
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		AT IENTS CH	ART	Add	ress	bri	M	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	. <	lelonim	She	ineal rec	rection					DEATH
Iying cause lost. PART II. OTI) (0	DITIONS (CRIBE HOW INJURY OF	ATH BUT	NOT RELATED TO THE	TERMINAL DISEA		VEN IN PAR		PERFO	AUTOPSY ORMED?
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. II While at wor	NJURY OCCURRED Not while		CE OF INJURY (Home ory, street, office bldg		y or town)	(0	County)		(State
21. I certify the saw the decea 22a. SIGNATURE	1 / 1	5-1	ded the deceosed 6-19 6/, and	that d	A.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR C				stated	(we) last d obove db. DATE signed 61
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	3/19/6		23c. NAME OF CEMI		y	Ra	ATION (City, town, wlings, 1	aryla		(Stol	le)
24. FUNERAL DIRECTOR John		Cumbe	rland, Mar	yland		REC'D BY REGIS		thun &.			



DIVISION OF STATISTICA!, RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Film funeral 1. PLACE OF DEATH e. COUNTY Allegany
b. CITY OR TOWN (if outside corporete limits, the day MARYLAND and c. LENGTH OF STAY IN 16 by write RURAL end give neerest lown) Lifetime Frostburg = " Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed d. STREET ADDRESS Rt. #2 3. NAME OF First 4. DATE Middle DECEASED (Type or print) DEATH FIMER 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH and WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Odd jobs Laborer Midlothian 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please John Harris Alice Haves 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give we ror detes of service) None 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: Intra carani IMMEDIATE CAUSE (e) DUE TO Metastatic Carcinoma geve rise to immediate cause DUE TO (e), steting the underlying of Right Testic mellitus ffer n... ached for us 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) factory, street, office bldg., etc.) Not While While Hour e.m. et work at work saw the deceased alive on March 22e. SIGNAJURE ATTENDING DIRECTOR T PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Broadway 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Frostburg Percy Cemetery r Funeral Home 5 L 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

15M 9/60

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Maryland Allegany
c. CITY OR TOWN (If outside corporate limits, write RURAL and give heerest lown) e. IS RESIDENCE ON A FARM? YES NO TY Month 19 IF UNDER 24 HRS. . AGE (in yeers | UNDER 1 YEAR last birthdey Months 1 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) U.S.A. Address Frostburg, Md. Mrs. Arthur Harris, Rt. #2, Box 88 ONSET AND DEATH Hemorrhage PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F (Stete) (County) 21. I certify that (1) (this hospital) attended the deceased from March 27, 1961, to March 30 19 61 that (1) (we) last 30 196/, and that death occurred 3.45 A. From the causes and on the date stated above. 23d. LOCATION (City, town or county) Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE E. Main, Frostburg May APR 4 Circhin & Kraye

RYLAND STATE DEPARTMENT OF HEALTH

Thrus Paul (S · AT CHERTIANIE With the text has been these being Charles as the said Their Life Teers HP + + Directory, Ross French The state of the s Kindad H. Mothers F. W. Will, From Strawy, Sec. U.S. o. S. Santon S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 OKCE

CERTIFICATE OF DEATH

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1. PLACE OF DEA	тн			2. 1	USUAL RESIDEN	ICE (Wh	ere deceased	lived. If instituti		nce befo	re admissi	on)
	ALLEGANY		MARYLAND			RYLA	ND	b. COUNTY	ALL	EGAN	Y	
b. CITY OR TO	WN (If outside corporate limi give negrest town)	ts, write	c. LENGTH OF STAY IN 16		c. CITY OR TOV	VN (If o	utside corpo	rote limits, write R	URAL ond	give ne	arest town)
CUMBER	LAND		LIFE	0	2 CUI	MBER	LAND					
d. NAME OF H	IOSPITAL (If not in hospitol, g	jive street	oddress)		d. STREET ADD	RESS			13 (1)		e. IS RESI	DENCE FARM?
	128 POLK	STREE	T		128 PO	LK S	TREET					NO 🔯
3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE	Mon	ith	Do	y Y	fear
(Type or print)	FRANK		WILLIAM		HERIN(G	DEATH	MARCH		21	, 1	9 61
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		ATE OF BIRTH			9. AGE (In years last_birthdoy)	IF UNDER		IF UNDE	
MALE	WHITE	WIDOWI		1	T.26,18			∫⊥ yrs.	Monnis	Days	Hours	Min.
10a. USUAL OCCL during most o	JPATION (Give kind of work of working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. SIRTHPLACE	E (Stote	or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTR
	of working life, even if retired PLUMBER	PI	UMBING & HEAT	ING	MAI	RYLA	ND		1	USA		
13. FATHER'S NAM				14	. MOTHER'S MA	AIDEN N	IAME					
FR	EDERICK HERIN	G			CL	ARA	OGLE					
15. WAS DECEASE	DEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR	MANT			Add	ress		nam.	
YES	WW 1		14 07 1256	HELI	EN V. H	ERIN	G (CUMBERLAN	ID, M	D.		
	F DEATH [Enter only one co	use per li	for (o), (b), and (c).]	,,	10		2 - Y				ERVAL BET	
PART	I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o	, (oronary 1	Ver	I DI	Sla	20			OIN:	1 4	LAN
42	O. / DUE TO		0 1.	0	-		Ceros		1		. /-	
	, if ony, which) (b	, (eneralized	a	rleri	rel	Caros	es.		4	cuts	con
	to immediate DUE TO		0						- 1		11.00	
lying couse)										
PART I	I. OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BL	TONT	RELATED TO TH	ETERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	(T 1(o) 1	9. WAS A	UTOPSY
3			Non	e								NO 🗌
PART II 20a. ACCIDEN OR CONTRIBU	NT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURR	ED. (En	nter noture of in	jury in P	ort I or Port	II of item 18.)				
	OTIFY MEDICAL EXAMINER)											
_	INJURY Month, Day, Yes			PLACE C	OF INJURY (Hon street, office blo	ne, form,	20f. (City	or town)	(County)		(Stote)
¥ W	p. m. 19	While of wor	1401 WILLIA	00.0.7,	ancel, office bit	ag., etc.	1					
21. I certif	fy that I attended the	deceos	ed from may		, 1960,	0 7	march	2/, 1961	that I	lost se	w the	decensi
alive on	March 11	. 19	61 , and that deal	h occ				the couses of				
	1 1 1 11		4 0		1			reet, city or lown,		0		TE SIGNI
ACTUAL SIGNATURE	Cichard W.	1 re	vashis. In	MD	CIL	wel	ela	ud. M	any	Ka	ual	
			//	_ m.v.					1			
PHYSICIAN'S NAME (Type)		132	V					100				
220. BURIAL CREA	MATION, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CRE	EMATORY		22d. LOCAT	ION (City, town, o	or county)		(Stote)
BURIAL	3/24/196	51	ST. LIKES CE	METT	ERY			BERLAND.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	CTOR'S SIGNATURE		ADDRESS		24	o. REC'E	RY PEGIST			GNATU	RE	U 16
	BYRON KIGHT		CUMBERLAND, M	D.	DA	MAR	2 7 '61	and	tung S.	Krace	4	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 15M 9/SS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

TO FUT AL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

	DIVISION OF STATISTICAL RESEARCH	H AND RECORDS, CERTIFICATE		STREET, BALTIMO	RE 1, MARYLAND . 0254	3
1	PLACE OF DEATH COUNTY ALLEGANY b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c.	MARYLAND LENGTH OF STAY IN 16	e. STATE MARY	LAND b. COUN	institution: Residence before e ITY ALLEGANY RURAL end give neerest tow	
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) MEMORIAL & WARWICK MEMORIAL HOSPITAL			TON STREET	YES [ESIDENCE A FARM? NO X
	3. NAME OF First DECEASED (Type or print) CORDELIA	Mildred	HOLLY	4. DATE Mont		61
	FEMALE COLORED WIDOWED	NEVER MARRIED 8.	OVEMBER 23,	1903 9. AGE (In years last birthdey)		24 HRS. Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress Md. The statement of		FROSTBURG, 14. MOTHER'S MAIDEN		U. S. A.	OUNTRY
	(Yes, no, or unkown) (Ifyesgive war or detes of service)	00 0100	MARY JONES	Address		
	Conditions, if eny, which geve rise to immediate cause (e), stating the underlying	isotine Ni	ent Fa Diger Ondio-V	extron posses po	INTERVAL BET ONSET AND D	
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT			PERFO	NUTOPSY PRMED? NO
			E OF INJURY (Home, farm ry, street, office bldg., etc.		(County)	(Stete)
		the deceased from		19 to 37/1	and on the date stated	d above
1	22c. SIGNATURE 22c. PHYSICIAN'S	M.E	DIANCE DE D	AED. STAFF	3/13	SIGNEI
	NAME (Type) DR. LEO H. LEY, JE	R.	456 NORTH	CENTRE ST.,)
2	REMOVAL (Specify)	o. NAME OF CEMETERY O Noodlawn Buri:	al Park	Cumberland Cumberland	Maryland	010)
),	John J. Hafer, Tumberland,			4	Dribus S. Kraus	

MARYLAND STATE DEPARTMENT OF HEALTH

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John J. Heller, State State, State of the

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	1. 0	PLACE OF DEATH	Allegany	7	MARY	LAND	2. USUAL RESIL			d lived. If Institu b. COUNT		ce before od	
M		CITY OR TOWN and give nearest for Rt. # 1	(If outside corporate limits, with white) 01 dtown	rile RURAL	c. LENGTH OF STAY	IN 1b	100		oldt	orate limits, write	RURAL and	give nearest (tawn)
X			11 Road	(If not in hos	pitol, give street oddres	s)	d. STREET AC	-	ll Ro	ad		O	RESIDENCE N A FARM? NO
	-0	NAME OF DECEASED (Type or print)		rence	Middle Isabe	lle	Hong		OF DEATH	March		Doy	Year 19 6 1
	5. S	ex em a le	6. COLOR OR RACI	E 7. MARRIE	DIVORCED		date of Birth	1894		P. AGE (In years lost birthday) 66 yrs.		YEAR IF UN	
	10a.	USUAL OCCUPAT yring most of work HOUSEW1	TION (Give kind of war king life, even if retired I C	k done 10b. K	wn home	INDUSTR			fareign co			U. S.	A .
T	13.	FATHER'S NAME Wilb	ert Appol	d			14. MOTHER'S M	-	ME rrett				
	fYas.	WAS DECEASED E	EVER IN U. S. ARMED F		SOCIAL SECURITY NO.		Rich	ard l	Page	Address Newpor	t New	s, Va	
			EATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ((o) <u>C(</u>		OCCL	USION					interval Bety onset and D	DEATH
		Canditions, if gove rise to imm (o), stating the couse last.	any, which nediate cause underlying DUE TO	[b]	CORONARY	SC	CLEROSI	S					
	CATION		PORTAI		CHOSIS: (ONIC NE			CONDITION GIV	EN IN PART	1(a) 19. WAS PERF YES [FORMED?
7		20a. EXTERNAL CAPRIMARY ar CO	AUSE WAS ONTRIBUTING	20b. DESCRIBE	HOW INJURY OCCUR	RED. (En	nler nature af inju	ry in Port I	or Port II o	f item 18.}			
	MEDICAL	20c. TIME OF INJU Hour o. m p. m	1.	While		PLAC factor	E OF INJURY (Herry, street, affice b	ome, farm, oldg., etc.)	20f. (City o	or town)	(Coun	ty)	(Stote)
					emains described, Accident ,		_					X, and	I find that
7		ACTUAL SIGNATURE	Benedict	t Sk	tarelie relic M.D)	ASSISTAN		EXAMINER		v r.A		SIGNED
	220.	MACHE (19pe)	ION, 226. DATE THERE	EOF	22c. NAME OF CEMETE	RY OR C	CREMATORY	2	AMINER 🔀	ON (City, Iown,		10, 1	901 ofe)
12		Burial FUNERAL DIRECTO	3/12/6	1	Mount Ol	ive			Nr.	Oldtow	n . STRAR'S SIGN	Maryl	and

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	ATE OF DEATH			ADMINION		
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VS. A15ME(5) 5M 9/55 M

		legany		MARYL		2. USUAL RESIDENCE (V	land	b. COUNT	Y A	lleb	any	
b	and give nearest tow	If outside corporate limits, write)	e RURAL	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (III	RURAL on	ond give nearest fown)				
	Cumber		45	50 Mir		Route #1	, Flir	tstone	X		- IC DE	SIDENCE
•		al Hospital		pital, give street address)		d. STREET ADDRESS			1		ON	NO [
-1	NAME OF DECEASED Type or print)	CALVIN	st	Middle JUDY		HUFFMAN	4. DATE OF DEATH	March		Day	Ye	or 61
5. S	EX	6. COLOR OR RACE	7- MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE			R 24 HRS.
	Male	White	WIDOWED	DIVORCED	J	June 12. 188	6	74 yrs.	Months	Days	Haurs	Min.
d	uring most of workl	ng life, even if retired)	done 10b, K			11. BIRTHPLACE (Sie	.Va	country)	12. CI1	TIZEN OF	USA	OUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		d Huffman					thy Ki	samore				
16	WAS DECEASED EN	YER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INI	FORMANT		Address				
	no, or unknown)	(If yes, give war or dates of	service)									
	no, or unknown) NO	(If yes, give war or dates of		None (o), (b), and (c),)	Mr	s. C.J. Huf	fman,	Rt.#1, F	lints	INTER	VAL BETWE	EN
	NO. or unknown) NO. 18. CAUSE OF DEA	ATH (Enter only one call ATH (Enter only one call ATH WAS CAUSED 87; IMMEDIATE CAUSE (or any, which odiate cause underlying)	cere	or (o), (b), and (c).]	hag					INTER ONSE 12	YAL BETWEEN T AND DEA	EN TH
(Yes,	18. CAUSE OF DEA PART I. DEA Canditions, if a gove rise to imme (a), stoting the cause last.	ATH [Enter only one call ATH [Enter only one call ATH WAS CAUSED 8Y; IMMEDIATE CAUSE (o. 2017), which adiate cause underlying DUE TO (c)	Cere	or (0), (b), and (c).] abral Hemorr Seriosclerot	hag	'e	e Card	liovascul	ar Di	12 Seas	VAL BETWEET AND DEA	ts.
CERTIFICATION	18. CAUSE OF DEA PART I. DEA Canditions, if a gove rise to imme (a), stoting the cause last.	ATH [Enter only one call the WAS CAUSED 8Y, IMMEDIATE CAUSE (or DUE TO DUE) which be underlying DUE TO HER SIGNIFICANT CONTINUE WAS DATRIBUTING D	DITIONS CO	or (o), (b), and (c).] abral Hemorr Seriosclerot MTRIBUTING TO DEATH	chag cic	e hypertensive	e Card	Liovascul	ar Di	12 Seas	HOU.	ts.
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	PART II. OT 200. EXTERNAL CA PRIMARY D or CO CAUSE OF DEATH 20c. TIME OF INJU Hour a.m. p.m. 21. I certify t death resulted	ATH [Enter only one call the WAS CAUSED 8Y, IMMEDIATE CAUSE (or support of the cause and of	Art DITIONS CO Db. DESCRIBE To ar 20d. If While of wor work causes	Debral Hemorr Deriosclerot NTRIBUTING TO DEATH HOW INJURY OCCURRED NOT Work emains described Accident [],	BUT NO ED. (En PLACE foctor	hypertensive Of RELATED TO THE TERM ter nature of injury in Par E OF INJURY (Home, farm y, street, office bldg., etc e, held an Autaps ide, Hamicide, CHIEF MEDICAL E	E Card INAL DISEAS I I or Port II I, 20f. (Cit.) Y , I CAMINER CALEXAMINE	E CONDITION GIVen of item 18.) y or town) nspection ndetermined of	ar Di VEN IN PAI (Co	INTER ONSE 12	e. P. WAS A PERFOI	? UTOPSY RMED? NO (State)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		2569		CERTIF	ICAT	E OF DEATH					neo	20
1.	PLACE OF DEATH o. COUNTY ALLEG	ANY		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased	l lived. If institution b. COUNTY		ence befo		ion)
	b. CITY OR TOWN (I RURAL and give no CIMBERIAL		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o			URAL and	give ned	arest town)
		SACRED HE		oddress)		d. STREET ADDRESS	JANSVI	Lalate				IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Final Maym	st	Middle		Lost JENSEN	4. DATE OF DEATH	MARCH		22	'	Year 19 61
S.	FEMALE	6. COLOR OR RACE WHITE	7. MARE	NEVER MARRI		NOV.8.1902		9. AGE (In years last birthday) 58 yrs.	IF UNDE Months	R 1 YEAR Days	Haurs	R 24 HRS. Min.
	housewij	king life, even if retired	dane 10b.	KIND OF BUSINESS C		Hyndman	Pa.	ountry)	12.CI	USA	F WHAT C	OUNTRY?
		M. Holle		SOCIAL SECURITY NO	Tay IAIR	Sarah		teckman				
	No. or unknown)	(If yes, give war ar dates of	ervice)	None	Wa	alter Jense	n Co			_	d . ERVAL BÉ	
ATION	Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (21	Sherte CONTRIBUTING TO DE	ATH BUT N	re and value	act Escur NAL DISEASE	las de condition GIV	CS.C.	RT 1(a)	PERFO	AUTOPSY RMED?
MEDICAL CERTIFICATION		MEDICAL EXAMINER)	or 20d. I	NJURY OCCURRED Not while	20e. PLA	CE OF INJURY (Hame, form ary, street, affice bldg., etc.	, 20f. (City			(County)		(State)
4	1	of (I) (this hospital sed olive on 3	-	ded the deceased	that de	eoth accurred Sils	ED.	STAFF	, 19_ id on th		stoted	we) last l obove. b.DATE
000	22c. PHYSICIAN'S NAME (Type)	T.F.L.	151	34)		22d. ADDRESS 12 Bod	ford	St Cun	nhe	ila	ud	; My
L	a. BURIAL, CREMATIC REMOVAL (Specify)	March				Cemetery	Hyno	inon (city, town,	•		(Stat	e)
2	FUNERAL DIRECTOR	Leigh	v-	ADDRESS Hyndmar	ı,Pa.		D BY REGIST		STRAR'S S			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 is by the funeral director, DIRECTOR: After this certificate has been signed by the attending physicion and completely fillerould be detached for use as the burial-transit permit. Then please remave carban papers. Pages Board of Health prior to buriol, cremation, ar remaval, and in any event, within 72 hours after death. Plained by the hospital ar ottending physicion. page 3 the State I TO FUND VR A1S (4) 1SM 9/59

and the second PROPERTY AND ADDRESS OF Lil. . all ivitable con meganic to the projected the H 1805 2 Spring dollars · Demonstrate

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2570

	PLACE OF DEATH	EGANY		MARYL		USUAL RESIDENCE MARYLAN		e deceased		instituti OUNTY		LEG/		ion)
R	t #1 Cumb	outside corporate limits, arest town) oerland AL (If not in hospital, give		GTH OF STAY I		C. CITY OR TOW Rt #1 Od. STREET ADDR	Cumb					give ne	e. IS RES	
		ed Heart Ho	spital			Homew	ood	Add	itio	n				NO D
- 1	NAME OF DECEASED (Type or print)	First SARAH		Mae	JE	WELI,		4. DATE OF DEATH		Mon	ith 3	Do		Year 1961
5. 9	FEMALE	6. COLOR OR RACE 7	MARRIED A	NEVER MARRIES		10/18/8	2		9. AGE (III	n years thdoy) yrs.	IF UNDE Months	Days	Hours	ER 24 HRS. Min.
13.	USUAL OCCUPATION during most of work HOUSEWIFE FATHER'S NAME THOMAS C1:		OW I			VTRO	TNTA	Α				NTT		TATES.
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCE		SECURITY NO.	17. INFOR	MANT				Add	ress	n E	1100	Md
114	NO	is yes, give wor or odies or servi	Nor	ne	Mr.	Charles	E.	Jew	ell	Rt.	#]	Cu	mbe	rlan
CATION	PART I. DEA Conditions, if or gove rise to in couse (o), stoting lying couse lost.	DUE TO ny, which (b)_ nmediate (DUE TO	Congest Cerebr hen Arter:	ral Vasc niplegia iosclero	ular A and a tic &	lure & Accident swallowin Hyperte	, act	ute, iffic e Hea	with ulty urt D	isea	ase	3	PERFO	ars
ICAL CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE H		20e. PLACE	nter nature of injunction	e, farm,	20f. (City		18.)		(County)		(State)
MEDI	Hour o.m.	19	While of work or	lot while	foctory,	street, office bld	g., etc.)							
V	21. I certify tha	t (I) (this haspital) of ed alive an Marc WYAND F. DO	attended th	e deceased of 9.61, and		ATTENDING PHYS. 22d. ADDRESS	7:20A	M, fram	STAFF PHYS.	ses ar	nd an th	e date	22 3-23-	abave. b. DATE SIGNED
1	BURIAL, CREMATIO BURIAL (Specify) FUNERAL DIRECTOR'	N, 23b. DATE THEREOF 3/24/61	F	NAME OF CEME ROSE Hi		emetery		Cum	berl	and	or county)	ary		
	H. Wayne			land, N	ld.			R 2 7			Isthur			

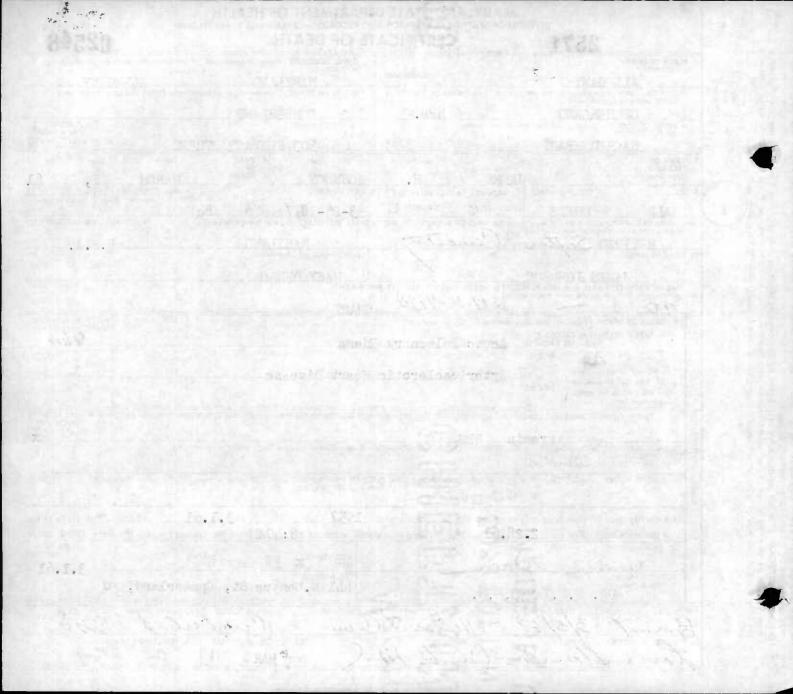
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH のたわる

		2571	Thom	CERTI	FICA	TE OF	DEATH	I I	MARTEAN			0	254	8
1.	PLACE OF DEATH O. COUNTY ALLE	GANY	Tour	MAR	RYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY ATJUGGANY								
	b. CITY OR TOWN (If RURAL ond give nec		ts, write	c. LENGTH OF STA	Y IN 16	c. CIT	OR TOWN (IF		orate limits, w	vrite RL	JRAL and	give ne	arest town)
	d. NAME OF HOSPITA OR INSTITUTION		ive street o	6 hrs.		d. STR	CUMBE EET ADDRESS		000000				e. IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED	FD HEART		Middl			Last	4. DATE OF DEATH	E STREE	Mont		Do	ay .	rear
	(Type or print) SEX	6. COLOR OR RACE	JAMES 7. MARRI	HED NEVER MARE		B. DATE OF	BU W. B. 1	DEATH	9. AGE (In		IF UNDER		IF UNDE	9 61 R 24 HRS.
	MALE	WHITE	WIDOWE	DIVORC	ED 🗌	3-2	6-1877	1876	84	yrs.	Manths	Days	Hours	Min.
	RETTRE	ng life, even if retired	done 10b.	uneter	OR INDU		MARY	LAND	country)		12.CIT	U.S		OUNTRY?
13.	FATHER'S NAME			/		14. MOT	HER'S MAIDEN	NAME						
	WAS DECEASED EVER	FS JOHNSON IN U. S. ARMED FOR f yes, give war or dates of s		SOCIAL SECURITY N	0. 17. II	M NFORMANT CHAPT	ARY DHN	SON		Addr	ess			
	PART I. DEAT	mediote (Acı	e far (o), (b), and (c ute Pulmon cerioscler	ary :		Diseas	10				INT	ERVAL BE	TWEEN DEATH
CERTIFICATION	PART II. OTHE	er significant con	nia	ONTRIBUTING TO D BPH RIBE HOW INJURY						10/	EN IN PAI	RT 1(o) 1	PERFO YES	AUTOPSY RMED?
MEDICAL CER	(IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	ar 20d. IN While at work	JJURY OCCURRED Nat while at wark	20e. PL.	ACE OF INJ	URY (Home, fare affice bldg., et	m, 20f. (Cit	ty or town)		((County)		(Stote)
		(I) (this hospital				death occ	urred oB:4	OAMrom	1000				stoted	
	22c. PHYSICIAN'S NAME (Type)	R. W.P.IAM	Locu ES,M.	D.		M.D. PHYS	ADDRESS	tre St	, Cumb	erl	and,	Md	3.1	.61
230	BURIAL, CREMATION BEMOVAL (Specify)	3/5/6)F	23c. NAME OF CEN	METERY O	P CREMATO	DRY	Cun	ation (city, o	la	e)	n C	2
24.	FUNERAL DIRECTOR'S	SIGNATURE S	nc.	address .	m	d		MAR 3	61 25b.		trar's si	- 11	,	



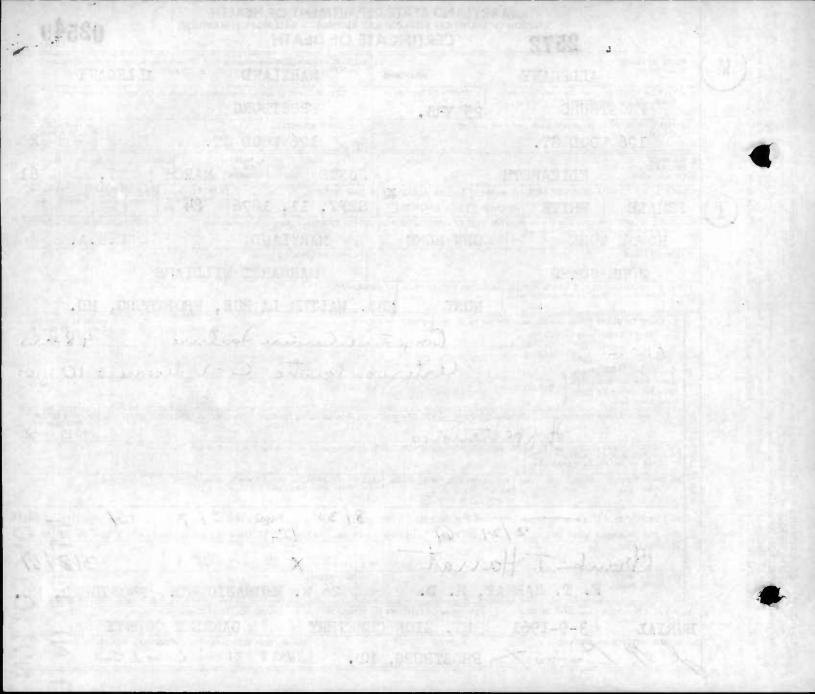
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VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2572

o. COUNTY	ALLEGANY	MARYLAND	o. STATE MARYI	AND b. COUNTY	AL LEGANY
b. CITY OR TOWN	N (If outside corporate limits, write STBURG	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RI BURG	URAL and give nearest town)
d. NAME OF HOS OR INSTITUTION	SPITAL (If not in hospitol, give streed WOOD ST.		d. STREET ADDRESS	OOD ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ELIZABETH	Middle	JONES Lost	4. DATE MON MON DEATH MARCH	7, 19 61
S. SEX FEMALE	4 TT TT	RRIED NEVER MARRIED NEVER MARRIED DIVORCED	SEPT. 11,	9. AGE (In years lost 84 thday) yrs.	Months Doys Hours Min.
10a. USUAL OCCUPA during most of W HOUSE	ATION (Give kind of work done 10 working life, even if retired) E WORK	b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote MARY LA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	HN JONES		14. MOTHER'S MAIDEN		3
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCES? 1 If yes, give wor or dates of service)		INFORMANT	Addi	TBURG, MD.
Conditions, i gove rise to couse (a), stati lying couse lo	immediate DUE TO	Congest	ive Cardia oscleratio	C-V de	icare ± 10 yr
CATIC	OTHER SIGNIFICANT CONDITION WAS UNDERLYING 1706. D	tersion			/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	ING CAUSE OF DEATH				
20c. TIME OF IN Hour o. p.	m. 19 Wh	le Not while f	LACE OF INJURY (Home, for octory, street, office bldg., et		(County) (State)
	that (I) (Whis hospital) atteressed alive an 2/:				that (I) (wa) last and an the date stated abave.
22o. SIGNATURI	rank T. H	mat	M.D. PHYS.	AED. STAFF PHYS.	3/8 SGNED
22c. PHYSICIAN NAME (Typ		T, M. D.	22d. ADDRESS 26 W. M.	ECHANIC ST.,	FROSTBURG, MD
23a. BURIAL, CREMA REMOVAL (Spec	3-9-1961	MT. ZION	OR CREMATORY CEMETERY	23d. LOCATION (City, town, GARRETT	or county) (State)
24. FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS FROSTRITEG	MD 25g. REC		STRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2573 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

0	2	5	5	6
-				-

	1. PLACE OF DEATH	A77		MARY		O. STATE			ed lived. If Inst	YTY			ion)
1	b. CITY OR TOWN III	Allegany	e PIIPAI	c. LENGTH OF STAY			Mary]		porote limits, wri		Legar		-1
1	and give nearest town)	- SL(T 595-14-1	a RURAL		10		_		orone ilmins, wri	NO KAL BING	fline treate	M IOWI	",
1	Cumberl		16 = a t = 1	48 Years		d. STREET A	erlar	nd		0,47		IC DEC	IDENCE
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				G. SIKEE! A						ON A	FARM?
		catur Stre	et_			41	1 Dec	catur	Street		Y	ES [NOT
	3. NAME OF -DECEASED	Fir	st	Middle		Last		4. DATE	Mo		Day	Yes	70
	(Type or print)	Izor	a	Isabelle		Jones		DEATH	March	n 25		19	61
	5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8.	DATE OF BIRTH		200	9. AGE (In years lost birthday)	IF UNDER T		-	
	Female	White	WIDOV	VED NO DIVORCED		Sept 12	. 186	57	93 yr		Days Ho	ours .	Min.
	100. USUAL OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLA	CE (State	or foreign o	ountry)	12. CITIZ	EN OF W	HAT C	OUNTRY?
	Housewif			At Home			Vire			II	.S.A.		
1	13. FATHER'S NAME			AU MOINE		14. MOTHER'S							
	Jacob Zi	lan				Money	Mach	.77					
1	15. WAS DECEASED EVE		RCES?	6. SOCIAL SECURITY NO.	17. IN	FORMANT	McCu	ттеу	Addre	et			
	(Yes, no, or unknown)	(If yes, give war or dates of		None		l E. Jo	200		217 Fül	Iton St	reet,	,	
ŀ	No	es Personal			Lar	T T. 10	nes		Cumber	land, M			
1		H [Enler only one call H WAS CAUSED BY:	ise per lii	ne for (a), (b), and (c).]							INTERVAL ONSET AN	ND DEATH	H
П		IMMEDIATE CAUSE (0)		CORONARY	OC	CLUSION					SUL	DEN	
	440.1	DUE TO											
d	Conditions, if or			ARTERIOS	CLER	OTIC CA	RDIOV	ASCUL	AR DISE	SE	*		
	gove rise to immed (o), stoting the u								YES T		- 1		
1	couse lost.	(c)											
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUTNO	OT RELATED TO	THE TERMI	NAL DISEASI	CONDITION G	IVEN IN PART	1(a) 19. V	VAS AL	JTOPSY
	Ĭ.										YES	ERFOR/	NO M
	PART II. OTH 200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	SE WAS	b. DESCR	RIBE HOW INJURY OCCUR	RED. (En	ter noture of inj	ury in Part	I or Part II	of item 18.)				
											4 1		
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes		d. INJURY OCCURRED 20	e. PLACI	E OF INJURY (H ry, street, office	ome, form bldg., etc.	20f. (City	or town)	(Cour	nly)		(State)
	p. m.	19		work ot work					17.50				
	21. I certify th	at I took charge	of the	remoins described	abov	e, held an	Autopsy	/ 🔲, fr	spection I	, Inquiry	/ K), a	nd fi	nd that
	death resulted	from: Natural	causes	X, Accident ,	Suici	ide [], He	omicide	T, Ur	determined	couse .			
	/	, ,	1	2						5353			
	ACTUAL 1	mediat.	46	tarel	/	M.D. CHIEF MI	EDICAL EX	AMINER 🗍			D	ATE SIC	GNED
	SIGNATURE	STALLIES.	341	unice		M.D.		AL EXAMINE	• □				
	EXAMINER'S NAME (Type)	BENEDICT S	KITAI	RELIC, M.D.				XAMINER [25, 1	961		
	22a. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR C	REMATORY	4 4	22d. LOCAT	TION (City, town	, or county)		(State)	
	Burial	3/27/61	17.5	RoseHill	Ceme	terv		Cumb	erland	Mar	ylan	d	
	23. FUNERAL DIRECTOR	SIGNATURE		ADDRESS				BY REGIST	RAR 24b. REC	GISTRAR'S SIG	NATURE		
1	Ruth E.	Silcox	Cum	berland M	ary]	Land	DATE M	AR 3 0'	61 (arthur S.	Kraus		

VS. A15ME(5) 5M 9/55

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	1
DE et	35
0 3	20
F	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUN AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrator to burial, cremation,

VS. A15ME(S) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 02551

	PLACE OF DEATH	llegany			MARYLAND	O. STATE	esidence (v Marvl		b. COUN	TY 4 7 7			sion)
1		(If outside corporate limits	write PLIPAL	c IENGT	H OF STAY IN 16				porote limits, write		egar	-	(m)
	ural nea:	wa)			4 Yrs	1	mberl		porote tillitis, write	NO ISAL GIA	give in	101 001 1011	,
-		PITAL OR INSTITUTIO					ADDRESS	and				e. IS RE	SIDENCE
	41	ldtown Roa				8		Alles	any Stre	eet		ON /	FARM?
	NAME OF DECEASED		First		Middle	Lo	181	4. DATE	Mon	th	Day	Ye	ar
	(Type or print)	SHERMAN		PH:	ILLIP	KEEL		DEATH	March	14.		19	61
S. :	SEX	6. COLOR OR RA	CE 7. MARR	IED NEV	ER MARRIED	8. DATE OF BIR	ГН		9. AGE (In years lost birthday)	IF UNDER			R 24 HRS.
	Male	White	WIDOWI	D 🔲	DIVORCED	Novembe	r 30,	1890	70 yrs.	Months	Days	Haurs	Min.
100	. USUAL OCCUPA	TION (Give kind of w king life, even if retir	ork dane 10b.	KIND OF BU	ISINESS OR INDU	TRY 11. BIRTH	PLACE (State	or foreign c	ountry)	12. CITI	ZEN OF	WHAT (OUNTRY?
1	Labo			Farm		Gree	en Rid	ge. Ma	ruland		T	ISA	
13.	FATHER'S NAME					14. MOTHER							
		Unkno	wn				Marga	aret K	eel.				
	WAS DECEASED	EVER IN U. S. ARMED	FORCES? 16	SOCIAL SEC	CURITY NO. 17.	INFORMANT			Address	5	Trans.		
	No					Irs. S.I	. Kee	1.85	. Allega	nv. C	umb.	Md.	
Г	18. CAUSE OF DE	ATH [Enter only one	cause per line	for (a), (b),						- X 2	INTER	VAL BETWEE	
	PART I. DE	ATH WAS CAUSED B	YIO GL	NSH	TOT O	+ He	ead					udde	
	976	DUE		THE STATE OF			1000	1 22	72	TO SHALL PR			
	Conditions, if	ony, which)	(b)								1		
	gove rise to imn (o), stating the		TO	180	557 8	STATE OF	777	- 5-3	120	1871			
1	couse last.	onderlying	(c)										
Z	PART II. C	THER SIGNIFICANT	ONDITIONS	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED T	O THE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19		
15											Y	PERFOR	NO K
CERTIFICATION	20g. EXTERNAL C PRIMARY OF C CAUSE OF DEATI	ONTRIBUTING []	20b. DESCRIE	BE HOW INJ	URY OCCURRED.	Enter noture of	injury in Parl	t I or Port II	af item 18.)				
3	20c. TIME OF INJ	URY Month, Day,	Year 20d.	INJURY OCC		ACE OF INJURY	(Home, form	20f. (City	or town)	(Cou	inty)		(State)
MEDICAL	2.00 a.n	WARCH 14	196/ Whi of w	ork O of w	while foo	tary, street, offic	ce bldg., etc.)				3-19	
	21. I certify	that I taak cha	rge of the	remains o	described ab	ave, held a	n Autaps	y 🔲 . II	nspection 🔀	, Inquir	у 🔯.	and f	ind that
	death resulte	ed fram: Natur	al causes [, Acci	dent [], Su	icide 🔀,	Hamicide	. U.	ndetermined	cause 🔲			
		1	1 1	n'i	/ ,								
	ACTUAL SIGNATURE	Lenede	cIa	Kilar	elie	M.D. CHIEF	MEDICAL EX	AMINER [DATE SI	GNED
	P.V. A. A. A. A. A. P. B. A.					ASSIST	ANT MEDIC	AL EXAMINE	R				
	EXAMINER'S NAME (Type)	BENEDICT	SKITARI	ELIC		DEPUT	Y MEDICAL I	EXAMINER 2	MAR	CH /	4	196	1
220	BURIAL, CREMAT	ION, 22b. DATE THE	REOF	22c. NAME	OF CEMETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
	Buria	2/4	7/61		sville 1	Methodis	t Cem.	Cha	neysvill	e, Per	nsy	lvan	ia
23.	FUNERAL DIRECTO	R'S SIGNATURE		ADDR	ESS			D BY REGIST		ISTRAR'S SIC		E	
L	John J.	Hafer, C	umberla	nd, Ma	aryland		DAMAR	2 0 '61	Cin	Liwa S. 9	Name		

the control of the property of The selection and story of the company of the selection o The first of the countries of the countr

Hyndman.Pa.

DEPUT VS. A15ME(5) 5M 9/55

24g, REC'D BY REGISTRAR MAR 1 3 '61 DATE

24b. REGISTRAR'S SIGNATURE Cirthun & thous

02552

e. IS RESIDENCE ON A FARM?

YES NO-F

Year

IF UNDER 24 HRS.

19

Hours

INTERVAL BETWEEN

SUDDEN

PERFORMED?

DATE SIGNED

(Stote)

NO X

(Stote)

USA

ORFIGE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Service Servic . DELLEVER DE LES hamily average in the particular the decimal of the There's is the test of the constitution of the little of t · Marine Miles Construction

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECO PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and giva nearast town) DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS MEMORIAL HOSPITAL NAME OF Middle DECEASED (Typa or print) BERNARD WILLIAM KUHLMAN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH MALE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY dona during most of working life, avan if ratired) CELANESE MACHINIST 13. FATHER'S NAME GEORGE KUHLMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyas givawar or datas of sarvice)

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gave risa to immadiate causa

(a), stating the undarlying

20c. TIME OF INJURY

225 SIGNAPURE

72c. PHYSICIAN'S NAME (Type)

REMOVAL (Spacify)

24 FUNERAL DIRECTOR'S SIGNATURE

Burial

Hour a.m.

n.m

saw the deceased alive on.

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

causa last.

CERTIFICATION

IMMEDIATE CAUSE (a)

PART II. OTHER SIGNIFICANT CONDITIONS

2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER

DUE TO

Month, Day, Year

3-21-1961

While

at work

Not While

at work

ADDRESS

2. USUAL RESIDENCE (Whara daceasad lived, If institution: Rasidenca before b. COUNTY ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) **CUMBERLAND** e. IS RESIDENCE ON A FARM? 213 PENNSYLVANIA AVENUE YES NO T DATE OF 19 61 DEATH MARCH 19 IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR 60 hirthday) Months Days Hours 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. MT. SAVAGE, MARYLAND 14. MOTHER'S MAIDEN NAME ADELINE RARRICK Address MEMORIAL HOSPITAL - CUMBERLAND. MARYLAND 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18. 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) factory, street, office bldg., atc.) DATE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. 226. ADDRESS DR. RICHARD J. WILLIAMS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Mary's Cemetery Cumberland. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland. Md.

DATE MAR 2 2 '61

Orthur S. Thous

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VR A15 (4) 15M 9/60

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ERROR H, ISSUE RECEIVED

PACHELLOTE OF CHARGE HT. SAVAGE, MARYLAND 11.3.4.

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ATTLE CLARGE MEMORIAL MOSPITAL - CUMESPLAND, MARYLAND

DP. RICHARD J. WILLIAMS - LOCAL TO THE TRANSPORT

serial Sect-1961 St. larges Cemetery Commercial, Md.

Jewes F. Scorrolls, Cumberland, Md. - Through an account

.M.A. OF 18

637.0

S DAYS

STANSYLVANIA AVENUE

BERNARD VILLIAM KUMLANA E E E E E E

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within cute the certificate, writing the word "pending" in pencil in Item 18. Give forwarded to the Chief Medical Examiner's Office along with form PM3.

TO FU. AL DIRECTOR: Page 3 should be used as a burial-transit permit. For removal. forw TO FU

VS. A15ME(5) 5M 9/55

		_	
חובחים באם	Give Poges 1, 2, and 3 to the funeral director. Page 4 should be		t. File pages 1 and 2 with the regin prior to buriol, cremation,
Coso N	Page		buriol,
2011 67	irector.	es.	prior to
חבים	nerol d	Your Fil	igi
	o the fu	ed for	h the re
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	e Poges	13. Poge 5 may be retained for your filles.	ile pog
	Š.	13.	4.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2577 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pag	Dist	NoD	2	5	5	4
Keg.	DIST.	MON		V	_	-613

	COUNTY A	legany		MARYE	LAND	2. USUAL RESIDENCE	(Where dece	ased lived. If institu b. COUNT	v	ce before c	
b. (CITY OR TOWN (It and give nearest town)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY II		c. CITY OR TOWN		rporate limits, write			
d.	NAME OF HOSPITA	AL OR INSTITUTION (tf nat in ho	spital, give street address		d. STREET ADDRESS				0,	S RESIDENCE
	1138 Bra	ddock Road				1138	Bradde	ock Road			ON A FARM?
DE	LME OF CEASED 'pe ar print)	Fin ROBERT	st	Middle RINEHART	7	Lost UYKENDATJ.	4. DATE OF DEATH	Manti	h	Day	Year 19 61
5. SEX	(7. MARRI	ED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER T	YEAR IF U	INDER 24 HRS.
	Male	White	WIDOWE		-	'eb. 10, 191	13	48 yrs.		ays Hau	
dur	ing most of working Salseman	ON (Give kind af work of the property of the property)		kind of Business or II Insurance	NDUSTI	Reeses M	21		-	DSA	AT COUNTRY?
13. FA	ATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Robert	Elija Kuyi	kenda.	11.		Lydia Ca	theri	ne Fleek			
15. W (Yes, re		R IN U. S. ARMED FO (It yes, give wer or dates of WW II	service)	social security No. 217-09-7096		R.R. Kuyk		Address	land. N	4d.	
11	B. CAUSE OF DEAT	TH [Enter only one cau								INTERVAL B	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:		CORONAL	RY	OCCLUSION				SIID	
	420.	DUE TO		O ONOTAL.		TOT TOTAL				300	DEN
	Conditions, if or	/		CORC	ONAF	Y THROMBOS	TC				
9	ave rise to immed a), stating the u ause last.	liate cause		0016	<u> </u>	ir imtoriboo.					
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	8UT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19. W PE YES [RFORMED?
	Og. EXTERNAL CAU RIMARY	SE WAS TRIBUTING []	b. DESCRIB	E HOW INJURY OCCURR	RED. (Er	iter nature of injury in Po	art I or Part I	l of item 18.)			
MEDICAL	Oc. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Yea	While		PLAC facto	E OF INJURY (Hame, fary, street, affice bldg., e	rm, 20f. (Ci	ly or town)	(Cauni	ly)	(State)
				remains described			-	Inspection X,	Inquiry	T an	d find that
d	leath resulted	from: Natural	causes [Accident,	Suic	ide 🔲, Homicic	de 🔲, l	Indetermined o	ause .		
	CTUAL SIGNATURE	endici	+Sh	itarelie	!	M D CHIEF MEDICAL	EXAMINER [DA	TE SIGNED
	70	FINAL SERVE			1	ASSISTANT MEDI	ICAL EXAMIN	ER 🗌			
N	XAMINER'S BE	nedict Ski	tarel:	ic. M.D.		DEPUTY MEDICA	L EXAMINER	March	27. 19	261	
22a. B	URIAL, CREMATIO	N, 22b. DATE THEREO		22c. NAME OF CEMETER	Y OR	CREMATORY	22d. LOC/	ATION (City, tawn,			State)
R	Burial	3/30/61		Greenwell	Cem	eterv	Rees	es Mill.	W.Va.		
23. FU	NERAL DIRECTOR		E FAI	ADDRESS			C'D BY REGIS		STRAR'S SIGN	IATURE	
_J	John J. He	afer, Cimbe	erland	l. Md.		DATE	APA 3	'61 C	Man 8	Maria	

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY g. STATE b. COUNTY ALLEGANY MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) and give negrest town CUMBERLAND 20 Hrs. Cresaptown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital Warrior Drive YES NO T NAME OF DATE OF DEATH Middle Day Year funero (Type or print) THOMAS SIDNEY LEAKE regi March 29 19 61 5. SEX 9. AGE (in years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS 2 with the last birthday) Months Hours Min. WIDOWED | DIVORCED T Male YFS. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo Midland, MD. Celanese UAa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Maude Winters Leake John Leake 10 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Jean Steele Leake 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Contusions of brain. Intracranial Hemorrhage 20Hrs IMMEDIATE CAUSE (a) **DUE TO** with Skull Fracture 20 Hrs. Canditions, if any, which in pencil long gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 10 feet while at work--Celenese about 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Medical While Not while Mar 289 6 1 of work Kot work Cumberland. Alleg. Md. Factory writing 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry XI, and find that RECTOR: death resulted from: Notural couses 1 Accident XI. Suicide . Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 00 RA ASSISTANT MEDICAL EXAMINER EXAMINER'S Benedict Skitarelic. M.D. NAME (Type) DEPUTY MEDICAL EXAMINER March 29, 1961 cute ! 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 Rurial Park Sunset Memorial Cumberland, MD. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) LONACONING, MD. GEORGE EICHHORN Circher S. Traus DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	MEDICAL EXAMENSES CHRISCATE OF DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Day

e. IS RESIDENCE ON A FARM? YES NO

Year

1961

ALLEGANY

			CERTIFICA	AIL OI DEAILI	
funeral director, uld be filed with	1. PLACE OF DEATH o. COUNTY A	LLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLAN	b. CO
Id be a	b. CITY OR TOWN (IF RURAL and give near CUMBERL		c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	
shauld	d. NAME OF HOSPITA	L (If not in hospital, give stre	et address)	d. STREET ADDRESS	5 A-05 T 1007
22	OR INSTITUTION	923 BEDFORD S	TREET	923 BED	FORD STREET
	3. NAME OF	First	Middle	last	4. DATE
Pages death.	(Type or print)	RUFUS	D. NAVE		OF DEATH MA
after de	S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birth
offe.	MALE	WHITE	WED DIVORCED	SEPT. 24.1894	66
hours	100. USUAL OCCUPATION during most of working SAATIONARY	ng life, even if retired)	B. KIND OF BUSINESS OR INC		ar foreign cauntry)
72	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME
(I)	GOERGE	W. NAVE		REBECC	A ROLLAND
	1S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17	INFORMANT	A TOMBAND
	(Yes, no. or unknown) (If	yes, give war or dates of service)	7-14-05-(7)	MRS. ELIZABET	H NAVE. CUM
any		H [Enter only ane cause per	dine for (a) (b) and (c)]	PIRO PILIZADET	n NAVE, CUM
ō	PART I. DEAT	H WAS CAUSED BY:	127	inus Ly	-
DUD	1511	IMMEDIATE CAUSE (a)	iv - october	2000	Tuest
	12/X	DUE TO			
	Conditions, if on gove rise to im	mediate			
	couse (o), stoting th				
	lying couse lost.) (c)	C CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CONDITIO
	PARI II. OTHE	K SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	OF NOT KELATED TO THE TERM	INAL DISEASE CONDITIO
		Los D	ESCALE HOLL IN HURL OCCUP	DED AT	Down I are Down II at the con-
0	PART II. OTHE	CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II or Item
	20c. TIME OF INJURY Hour o. m.		Commenter	PLACE OF INJURY (Home, farm factory, street, affice bldg., etc	
	Hour o.m.	19 Wh	ile Not while or work of two	radialy, silver, divide blag, ele	
		(I) (this haspital) atte	nded the deceased fran	n 1/18/4/ 19	
	saw the decease	ed alive an $2/20$	61_19 , and that	t death accurred at	.M, fram the caus
	22 SIGNATURE	11, 100		ATTENDING 1	ED STAFF
5	1/1/	Mulli	anz	The state of the s	ED. STAFF
	NAME (Type)			22d. ADDRESS	herke
1	230. BURIAL, CREMATION	, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,
	BURTAT	3/24/1961	ROSE HITT. M	AUSOLEUM	CITAMDED

ADDRESS CUMBERLAND, MD.

24. FUNERAL DIRECTOR'S SIGNATURE BYRON KIGHT

F BIRTH	AGE (In years last birthday)	IF UNDER			
24,1894	66 yrs.	Months	Days	Hours	Min.
IRTHPLACE (State or foreign co	~~	12.CITI	ZENOF	WHATC	OUNTRY?
PENNA			USA	- 513	
THER'S MAIDEN NAME	703355				Lin
REBECCA ROLI					
	Add	ress			
ELIZABETH NAVE	CUMBER	LAND,	MD.		
- 1/2-		1		ET AND	
a della	wer		6.	179	200 /1
			1		
PED TO THE TERMINAL DISEAS	F COMPLETION OF	(ENLINE DAD			
TED TO THE TERMINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1		RMED?
TED TO THE TERMINAL DISEAS		EN IN PAR	T 1(a) 1	PERFO	
		EN IN PAR	T 1(a) 1	PERFO	RMED?
ature of injury in Port I or Por	t II of item 1B.)			PERFO	NO Z
ature of injury in Port or Por	t II of item 1B.)		T 1(a) 1	PERFO	RMED?
uture of injury in Port or Por	t II of item 1B.)			PERFO	NO Z
uture of injury in Port or Por	or town)	· lem	County)	PERFO YES [(Stote)
JURY (Home, farm, affice bldg., etc.)	or town)	len "	County)	PERFO YES D	(Stote) we) last
JURY (Home, farm, 20f. (City, affice bldg., etc.)	or town) The causes are	len "	County)	PERFOYES D	(Stote) we) last
JURY (Home, farm, affice bldg., etc.) 19	or town)	len "	County)	PERFOYES D	(Stote) we) last abave.
JURY (Home, farm, affice bldg., etc.) 19	or town) the causes ar	len "	County)	PERFOYES D	(Stote) we) last abave.
JURY (Home, farm, affice bldg., etc.) 19	or town) the causes ar	len "	County)	PERFOYES D	(Stote) we) last abave.
JURY (Home, farm, 20f. (Cin, affice bldg., etc.) Lurred atM, fram MDDRESS MDDRESS	or town) the causes ar	c_ 19_	County)	PERFOYES D	(Stote) (Stote) we) last abave.
JURY (Home, farm, affice bldg., etc.) Ourred atM, fram NDING MED. DIRECTOR D NODRESS 23d. LOCA	the causes an	ad an the	County)	PERFOYES	(Stote) (Stote) we) last abave.
JURY (Home, farm, affice bldg., etc.) Ourred atM, fram NDING MED. DIRECTOR D NODRESS 23d. LOCA	or town) the causes an STAFF PHYS. TION (City, town, TIMBERLIAN) TRAR 25b, REGI	ad an the	County) the date	PERFOYES PERFOYES	(Stote) (Stote) we) last abave.

RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Month

MARCH

E 0 0 = VR A1S (4) 1SM 9/59

filled in by the funeral Pages 1 and 2 should ours after death. PICKL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed any be retained by the hospital or attending physician.

ALL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72.

The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL

filed TO FU director be filled death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2579

CERTIFICATE OF DEATH

02558 2579

1	PLACE OF DEATH a. COUNTY			ICE (Where deceased lived		nce before edmission)
X	ALLEGANY	MARYLAND	o. STATE MARY	/LAND	ALLE	GANY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits,	write RURAL end give	nearast town)
	CUMBER! AND	7 DAYS	O 2 CUME	BERLAND		
19	d. MEMOR TALITHOSPITALON (if not in hospit	al, give streat address)	d. STREET ADDRESS			IS RESIDENCE ON A FARM?
194	WARWICK & MEMORIAL AVENUE	S	830	GREENE STREE	T	YES NO X
	3. NAME OF First DECEASED	Middle	Lest	OF	lonth Dey	Year
	(Type or print) HAZEL	Н.	ODER	DEATH MA	RCH 24	, 1961.
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X B	DATE OF BIRTH	9. AGE (In yellost birthd	ears IF UNDER 1 YEAR ey) Months Deys	Hours Min.
	FEMALE WHITE WIDOWED		JULY 12, 18			
	10a. USUAL OCCUPATION (Give kind of work dogs during mospot working free given if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	enty & Stete, or foreign cour		OF WHAT COUNTRY?
-	Which Dank Uso, pro	A MOIA PAR.	KANSAS CI	TY, MISSOURI	U. S	• A•
IJ	ROBERT S. ODER		ANNA M.	HEINTZ		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC (Yes, Qo, pr unkown) (Ifyes give wer or deles of service)	CIAL SECURITY NO. 17.			drass	
	10 (II) yes give wer or delessorselvices	7-14-4038 MI	MORIAL HOSE	PITAL - CUMBE	RLAND. MD.	
	18. CAUSE OF DEATH [Enter only one course of line	for (e), (b), end (c).]	,	/	IN	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	reinon	na le	HOTEG	st.	Dince
	170V DUE TO		, ,	0		
	Conditions, if any, which \ (b)	etastasse	sto let	thung &	pene)	2/22/53
	geve rise to Immediate ceuse (a), steting the underlying DUE TO				/	
	ceusa last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	Radical mast	ectongl	ett 2	128/55		YES NO NO
0	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LIBE HOW INJURY OCCURED	(Emer neture of injury in	Pert I or Pert II of item 18.)		
	20c. TIME OF INJURY Month, Dey, Year 20d. IN.		CE OF INJURY (Home, fe		(County)	(State)
	Hour a.m. While at work	1401 44 11116	ory, street, office bldg., et	(c.)		
	21. I certify that (I) (this hospital) attende		2-22-	1055 to 3/2	24 106/	that (I) (wallast
	saw the deceased alive on			. 40PM om the caus		
	22e. SIGNATURE		dealif occured at.		303 8110 011 1110 0	22b. DATE
	Wix. Mile	liams.	D. PHYS.	MED. STAFF DIRECTOR PHYS.		3/2 SIGNED
	22c. PHYSICIAN'S	The state of the s	22d. ADDRESS			-12/01
	DR. W. F. WILL	IAMS	122 S.	CENTRE ST.,	CUMBERLAN	D. MD.
	238 BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City		(State)
	Burner 3/27/61	Tose Hell M	ouseleur	~ (umbe	rland	ma.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ,	Ω		REGISTRAR'S SIGNA	TURE
1	James Stein Inc.	(umb-, M	DATEM	AR 2 7 '61	arthur S. Kra	MA

A 2 3 () 2 00 00 YILL SELLI 21/4 = 1 220124 14140134 2 231600 . to Hand Hand ALLY 12. 1593 - 75 James Carlosom Wares of the Hospital Haras of the Same -365 .8 T4380F (1 TTHIN A COM TO THE THE W/of general Hospital - Cheshia, 18. Careins on a last till att a to a lawn That are force at to lot the work of hear of 122/55 NAMED WERE THE THE SERVE TO THE SE 2 22 326 6 10 for 5 - William Stroil : The Millianne 13/22/6 DS. W. C. WILLIAMS 122 S. CLATRE ST., COMERLIAMS, NO. wast stayled fougled placetime a well care a spen There I start the start of the

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02559

		2580		CERTIFIC	CATE	OF DE	ATH				125	59	St.
	1. PLACE OF DEATH o. COUNTY AI	LLEGANY		MARYLA		USUAL RESIDENCE. STATE MATE	CE (Where of		If institution. COUNTY		nce befo		ion)
	b. CITY OR TOWN (If RURAL and give nec	outside corporate lim	its, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TO	WN (If outsid	e corporote lir	nits, write R	URAL ond	give nec	crest town)
	RURAL CUME	BERLAND		56 years	3	RUI		CUMBERI	AND				
	d. NAME OF HOSPITA OR INSTITUTION BEANS CO		give street	oddress)		BEANS	COVE	ROAD					FARM?
1	3. NAME OF DECEASED	Fi	rst	Middle	1,350	Last	4.	DATE OF	Mon	th	Do	y 1	fear
	(Type or print)	WILLI	AM	н.		ODGERS		DEATH	Marc		1		9 61
	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	☐ B. DA	ATE OF BIRTH		9. AG	E (In years birthdoy)	Months	Days	Hours	R 24 HRS. Min.
) Male	White	WIDOWE		9 000	.22,18		86					
_	10a. USUAL OCCUPATIO during most of worki	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (Stote or fo	oreign country)		12.CI	IZEN OF	WHATC	OUNTRY?
	Retired Far	mer		Oen farm			rland			J	JSA_		
	13. FATHER'S NAME				14	, MOTHER'S MA	AIDEN NAME						
		odgers odgers					Jane 1	Edwards				11	
	1S. WAS DECEASED EVER	IN U. S. ARMED FOI If yes, give wor or dates of		SOCIAL SECURITY NO.	17. INFOR	MANT			Add	ress			
	No			None	Mrs.	Nellie	Odger	s, RFD (humber	land	Ma	•	
			ouse per lin	ne for (o), (b), and (c)	A	10	0		1.	1		ERVAL BE	
	PART I, DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	weret	The	A Cl	rke	2012	elel	FPK	1	0 4	1CA
	450	DUE TO) (Transfer of the									
	Conditions, if on		0)		V							-	
	gove rise to in couse (o), stoting t												
	lying couse lost.) (c)										
	CATIC	er significant con	aditions <u>c</u>	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO TH	HE TERMINAL	DISEASE CON	DITION GIV	EN IN PA	RT 1(o)	PERFO	RMED?
	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of i	njury in Port	l or Port II of	item 1B.)				
	Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	20d. If While of wor	Not while		OF INJURY (Ho street, office b		Of. (City or to	vn)		(County)		(Stote)
		. /IV /Abia basaisa				Mercust	rel 19-11	1	3 -1	- 10	4		
			itt diffend	ed the deceased fr		h occurred o		form the			•		we) last
	saw the decease	a alive an	JL	17_52. , and 1	nat deat	n occurred o	17.12.M.	fram the c	causes ar	a an in	e dare		b. DATE
	1 7	talina	1	1	M.D.	ATTENDING PHYS.	MED. DIRECT	OR PH	AFF C			3 .	SIGNED
	22. HYSICIAN'S	Journe		46	M.D.	22d. ADDRESS		OK L	7			4 1	- 01
	NAME (Type)	6 T. JOHNS	ON JR	MD.		(2)	welle	ell	ace	1.	111	d	1
	236 BURIAL, CREMATION			23c NAME OF CEMET	ERY OR CR	EMATORY	224	LOCATION (City town	or county)	44	(Stot	e)
	REMOVAL (Specify) Burial	3/1/67								7	Vî a	(0,0)	
	24. FUNERAL DIRECTOR'S	S SIGNATURE	0.1	Prosperity ADDRESS	Ceme.		So. REC'D BY		berla 2Sb. REGI	STRAR'S S	IGNATU	RE	
		Kight	Cumb	erland, Md.			ATMAR 6	'61		Lug S.			

49.20 e benedicted at Colores as a serie AND A TIME OF THE STATE OF THE

	STATE DEPARTME			
2581 MEDICA	AL EXAMINER'S	CERTIFICATE C	OF DEATH	Re

Reg.	Dist.	No.	0	2	5	6	H	

	COUNTY LEG	ANY		MARYLAND	O STATE	MARY I		b. COUNT	4 400 4	ce before o	
b	CITY OR TOWN	If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (If	outside cor	porote limits, write	RURAL and	give neares	t town)
	CUMBERT.			LIFE		CUME	BERLAN	D O	12		
d			If not in	hospital, give street address)	d. STREET	ADDRESS	= 77			0.	S RESIDENCE
	626 COLU	MBTA AVE			626	COLUME	BIA AV	E	1		NO NO
-6	ECEASED	Fin		Middle	Lo	est	4. DATE	Monti	h	Day	Year
	Type or print)	ETHI	7	G.	OWINGS		DEATH	3		28	1961
5. SI	EX	6. COLOR OR RACE	7. MA	ARRIED A NEVER MARRIED	B. DATE OF BIRT	ГН	Est 1	9. AGE (In years			NDER 24 HRS.
F	'EMALE	WHITE	WIDO	WED DIVORCED	JUNE 18	,1896		04 угз.	Months D	ays Hou	ırs Min.
10a.	USUAL OCCUPAT uring most of work HOUSEW		done 10	OWN HOME	STRY 11. BIRTHE	RYLANI		ountry)			STATES
13.	FATHER'S NAME				14. MOTHER	S MAIDEN N	NAME				
14	LO	RENZO VALEN	TINE	<u>r</u>	MA	TTIE I	BRANT				
15.	WAS DECEASED E	VER IN U. S. ARMED FO		16. SOCIAL SECURITY NO. 17.	INFORMANT	7.17		Address			
(Yes,	NO unknown	(If yes, give war or dates of	service	NONE	EORGE R	. OWIN	īgs	CUMBERL	AND M	D	
H	IR CAUSE OF DE	ATH Enter only one cou	se per	line for (o), (b), and (c).		01121	100	O OT ID LITTLE.	22,20 9 12	INTERVAL B	ETWEEN
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	0.04	CORO	NARY O	COLUSI	ON			SUDI	
	Conditions, if	Atab \		C	ORONARY	COT TO	OCTC 1	סמות ווחדו	MOORE		
	gove rise to imm	ediate couse			OITOWALLE	O. MERC	COTO	ATTU THINE	DMBOSIS		
	(o), stoting the couse lost.										
ATION) (c)		S CONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMI	NALDISEAS	E CONDITION GIV	VEN IN PART	1(o) 19. W PE YES [RFORMED?
CERTIFICATION	20a. EXTERNAL CAPRIMARY OF CO	AUSE WAS DITRIBUTING []	b. DESC	CRIBE HOW INJURY OCCURRED.	(Enter nature af	injury In Parl	l or Part II	af item 18.)			
MEDICAL	20c. TIME OF INJU Hour o. m p. m.		V	Od. INJURY OCCURRED 20e. PL Vhile Not while t work ot work	ACE OF INJURY	(Home, form ce bldg., etc.	20f. (City	or fown)	(Coun	ty)	(State)
	21. I certify	that I took charge	of th	ne remains described ab	ove, held o	n Autops	y 🔲, lı	nspection 🔣,	Inquiry	X, ar	d find that
	death resulte	d from: Natural	couse	s 🔼, Accident 🔲, Su	icide [],	Homicide	☐, U	ndetermined o	couse .		
		0 .		0.1.					gift ST		
	ACTUAL SIGNATURE	remedict	1	Estarelie)	M.D. CHIEF	MEDICAL EX	AMINER [DA	TE SIGNED
		Marie III presidenti		· · · · · · · · · · · · · · · · · · ·		ANT MEDIC	AL EXAMINE	R			
	EXAMINER'S NAME (Type)	ENEDICT SKI	TAR	ELIC, M.D.		Y MEDICAL I			111 2	8. 19	61
220.	BURIAL CREMATI REMOVAL (Specific BURIAL	ON, 22b. DATE THEREO	F	22c. NAME OF CEMETERY O			22d. LOCA	TION (City, town,	or county)	(State)
-		217-10-		ISUNSET MEMOR	AL PARK	la		BERLAND,	MD.	14 91150	
23.	FUNERAL DIRECTO BYR	ON KIGHT	CT	MBERLAND, MD.		240. REC'	D BY REGIST		STRAR'S SIGN		
				TID.		DATE	R 3 0 '6	1 an	Timy 8. 1	Traces	

VS. A15ME(5) 5M 9/55 73

DESCRIPTION EXAMINED S'OFFINDATE OF DEATH MARSO MES ES A STREET BY THE STREET OF THE STREET BY THE

41-123

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2582

02561

	1. PLACE OF DEATH o. COUNTY	ALLEGANY			MARYLAND	2. USUA o. ST/	TE	here decease	d lived. If institut b. COUNTY		nce befo		ion)
	b. CITY OR TOWN (II RURAL ond give ne CUMBER)		ts, write	00	of STAY IN 16	c. CII	Y OR TOWN (IF		orate limits, write l	RURAL ond	give nec	arest town)
	OR INSTITUTION	NL (If nat in hospitol, g		address)			REET ADDRESS	K ROAI)				DENCE FARM? NO T
	3. NAME OF DECEASED (Type or print)	JOSEPH	-	J.	Middle PFEIFFE	IR.	Last	4. DATE OF DEATH	MARCH		Do. 24	,	^{(eor} 9 61
	s. sex FEMALE	6. COLOR OR RACE WHITE	7. MARR		ER MARRIED DIVORCED	B. DATE O	F BIRTH 17,1923		9. AGE (In yeors last birthday) 37 yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
	100. USUAL OCCUPATIO during most of work CLERK	N (Give kind of working life, even if retired	done 10b.		GOV T	USTRY 11. E	W. VA.	e or foreign o	ountry)	12.CI	USA	WHATC	OUNTRY?
	13. FATHER'S NAME					14. MO	THER'S MAIDEN	NAME					
	LAMBERT	BLUME					PAULIN	E BRAN	1T				
1	IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SEC	URITY NO. 17.	INFORMAN			Add	dress			
	NO	,00, 910 110		8 12	5528	John H	Pfeiff	er(humberlan	d. Ma			
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		for (a), (b), and (c).]	oma	of 18	Break	t - left	R		SET AND	DEATH
	Conditions, if or		VV	reta	state	e C	orcu	Lows	e Cu	ver		0	
	gave rise to in couse (o), stoting lying couse lost.		9	60	ell	ou	anes	,				(
	PART II. OTH PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	er significant con	DITIONS C	ONTRIBUTION	NG TO DEATH BU	T NOT RELA	TED TO THE TERM	MINAL DISEAS	SE CONDITION GI	IVEN IN PA	RT 1(o)	PERFO	RMED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW	NJURY OCCURR	ED. (Enter n	oture of injury in	Port I or Poi	rt II of item 1B.)				
	Y 20c. TIME OF INJUR Hour o. m. p. m.	Month, Day, Ye		NJURY OCCI		PLACE OF IN octory, stree	JURY (Home, fari , office bldg., et	m, 20f. (City tc.)	y or tawn)		(County)		(Stote)
	21. I certify that saw the deceas	t (I) (t his hospita ed alive on W	attend av cl	ed the de	. ,		urred at	M, fram	the causes a	14 19 nd on th		nat (I) (
	22a. SIGNATURE	mylo	tet	odg	C+-		NDING 1	MED.	STAFF PHYS.	Marc	12		SIGNED
	22c. PHYSICIAN'S NAME (Type)	N. Roxa	eff	ODI	zes	22d.	DORESS	ube	Mark	, 11	14	,	
	23a. BURIAL, CREMATIO REMOVAL (Specify) BUR IAL	3/27/61	OF .	23c. NAMI	Crest B			~	TION (City, town,	or caunty)		(Stote	e)
	24. FUNERAL DIRECTOR' BYRON		UMBEF	ADDRE	SS		2So. REC	AAR 2 9	TRAR 2Sb. REG	ISTRAR'S S			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2583 CERTIFICATE OF DEATH 02562

PLACE OF DEAT	Н	57000		2. USUAL RESIDE	ENCE (Whare			nca bafore admiss
a. COUNTY	EGANY		MARYLAND	WEST	VIRGINI	A b. COUR	MINERAL	L
	(if outside corporata fim	its,	c. LENGTH OF STAY IN 16				a RURAL and give	naarast town)
	d giva naarast town) IBERLAND		IO DAYS	KEYSE	R		7	SX
d. NAME OF HOSE	TAL PRINSTITUTION	inot in hos	pital, giva straat address)	d. STREET ADDRE	SS			a. IS RESIDER
MEN	O11 111 11001 1	WICK A	The second secon	42 D.	STREET			YES NO
NAME OF DECEASED	First		Middle	Last	4. DATE	Mont	h Day	Year
(Typa or print)	AD	MA	W	PLUM	DEAT	H MAR	сн 18	19 61
5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years		
MALE	WHITE	WIDOWE		JA. 8, 1895		66 yrs.	Months Days	Hours Mi
	TION (Give kind of wor		ND OF BUSINESS OR INDUSTR		ounty & Stata, c	or foreign country)	12. CITIZEN	OF WHAT COUN
	orking life, even if retira luctor		& O R.R.	PENNA			U.S.A	•
3. FATHER'S NAME				14. MOTHER'S MAID	EN NAME	14 11 1		
	JOHN PLUM			Margai	ret Joh	ns		
	VER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17. I	NFORMANT		Addras		
	(If yas giva war or dates of	70	05-10-1590 m	B11 >	n DP	No	1111	19
No Lie Cause Or	DEATH [Enter only one	anusa mas li	ing for (a) (b) and (a) l	s Nerena /	7. Mus	m rey	en coo	ITERVAL BETWEEN
	TH WAS CAUSED BY:		ma for (a), (b), and (c).]	. 0	101			NSEL-AND DEATH
TAKI II PEA	IMMEDIATE CAUSE (a)	12	puchagei	ucas	cul	and		5
1113	DUE TO				1	1-011	and.	
Conditions, if an	y, which) (b)				0-2	i and		
gave rise to Imme	diate cause							
(a), stating the	underlying DUE TO							
ceuse last.) (c)							
PART II. OTH	R SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	- nut	condition GIV	rional (a)	PERFORMED
Higha	mesettate	- A	t. leg:3.15.61	nt los				YES NO
	VAS UNDERLYING		CRIBE HOW INJURY OCCURED		in Part I of Part	Il of itam (8.)	00	
(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)							
	URY Month, Day, Ye	ar 20d. I	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home,	farm, : 20f. (Ci	ity or town)	(County)	(State
20c. TIME OF IN.		Whila	Not Whila fact	ory, straat, offica bldg.,	atc.)			
	19	al worl		-	1	-		
21. I certify	that (1) (this hosp		ded the deceased from					
saw the dece	sed alive on	118	619.6/., and that	death occured	40RM fro	m the causes	and on the o	date stated ab
22a. SIGNATURE	the d	1	A	ATTENDING	MED	CTAFE	1	22b. DA
	1/X. 7	Vill	Census	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		3/18/
22c. PHYSICIAN				22d. ADDRESS		. ^	140	-1.7
NAME (Typ	W. F. WIL	LIAMS		Viene	berl	and	MX	3-18
Ja. BURIAL CREMA	TION, 236. DATE THE	REOF	23c NAME OF CEMETERY	OR CREMATORY	23d, 1Q	CATION (City, to	wn or county)	(State)
REMOVAL (Specif	1)	4.	No.11	M. C.	100 1	0//1/	11.1.00	1, 10/
IJURII		, 1961	MEST HAWN	I Tem GARO	PECID BY PEC	TYT 11P,	1 1AKY/	ATURE
4 FUNERAL DIRECTO	R'S SIGNATURE	./	ADDRESS 11117	250.	REC'D BY REGI		GISTRAR'S SIGNA	
1100	Y. / house	ers.	Keupen. UIU=	DANE	AR 21 '61	Chu	hur S. Heared	

death, 29g 4 may be retained by the hospital or attending physician.

You fill DIRECTOR: After this certificate has been signed by the attending physician and complementally the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

24 P 14838430 - YEARS.114 Allied William CUMBERLAND CONTRACTOR E CHALL CORPTAL 733978 .C 54 1, 1, 1 3144 .A. 8.U .S.s. O a a notables Margaret Johns Burgarde Certain Cont High and the top sold in the top of the 3/5 12 13 6 13/8 W. E. WILLIAMS I FELL STATE OF THE STATE OF They is a Marsh the Med Land Mass Conder For Solle Marked of The second of the second property of the second sec

olecse e	should		cremoti	(
essory,	Poge 4		buriol,	1
y is nece	irector.	65.	brior to	
ny delo	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should	your fil	TO FU! AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the regis	•
If o	the fi	of be	the r	1
deoth	1 3 to	etoine	2 with	1
ofter	2, one	y be r	puo	
hours	ges 1,	5 mo	oges	
in 24	ve Po	Poge	File p	
liw P	8. G	PM3.	rmit.	
execute	Item]	h form	nsit pe	
d be	ncil in	ng wit	iol-tro	
shoul	in per	e olo	o bur	
ficote	- Buip	6 Office	sed os	
is cert	. ben	niner	d be u	
R: Th	word	or Exor	should	
AMINI	ng the	Medico	oge 3	
IL EX	, writi	hief /	OR: P	
EDICA	ficote	the C	IRECT	
ITY M	e certi	of to	AL C	ovol.
DEPU	ute th	DEWIC	FU	or removol.
2	U	F	10	0

VS. A15ME(5) 5M 9/55

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ביינים בי ביינים אווווון בי ווכסוף מומן ביונים מכסווו. וו סוץ מכוסץ וא וופרפאסוץ, שופנים מים	vriting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	ief Medical Exominer's Office olong with form PM3. Page 5 may be retained for your files.	R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regis	
200	ending.	er's Office	e used as	
	word "	al Exomin	should b	
20000	writing the	ief Medic	R: Poge 3	

2584

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 02563

1.	PLACE OF DEATH						IDENCE (W	Vhere decease	ed lived. If instit		dence be	fore adm	ission)
	1	ALLEGANY			LAND	o. STATE	MARY	LAND	b. COUN		LEGA	NY	
1	o. CITY OR TOWN (If a and give nearest town)		e RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (IF	outside corp	orate limits, writ	e RURAL or	nd give n	earest to	wn)
		CRLAND		48 YEAR			BERLA	ND					
1	. NAME OF HOSPITA	L OR INSTITUTION (If not in	hospital, give street addres	15)	d. STREET A	ADDRESS						ESIDENCE A FARM?
	802 GEI	PHART DRIV	E			802	GEPH	LART DE	RIVE				NO
	NAME OF DECEASED	Fir	si	Middle		Lost		4. DATE OF	Mon	th	Day	,	fear
	(Type or print)	CARRIE	,			RICKEY		DEATH	MARCH		4		9 61
5. 5	SEX	6. COLOR OR RACE	7- MA	ARRIED MEVER MARRIE	D 🔲 8.	DATE OF BIRTH	1		9. AGE (In years lost birthday)	Months			ER 24 HRS.
I	TEMALE	WHITE	WIDO	OWED DIVORCED	o F	EB.8,18	96		65 yrs.		Days	Hours	Min.
10a	. USUAL OCCUPATION	N (Give kind of work life, even if retired)	done 10	Ob. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (State	or foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	HOUSEWIFE	<u> </u>		OWN HOME		VIR	GINTA				USA		11.11
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	CHA	RLES BANE				CA:	RRIE	BUCKNE	CR.				
	WAS DECEASED EVE	R IN U. S. ARMED FO		16. SOCIAL SECURITY NO.	17. IN	FORMANT			Addres	\$			
	NO			NONE	0	RLAND D	- RTC	KEY	CUMBER	LAND.	MD.		
	18. CAUSE OF DEATH	Enter only one car	use per	line for (o), (b), and (c).]							INTE	RVAL BETW	EEN
	PART I. DEATH	WAS CAUSED BY:	100	CORONARY	OC	CLUSION					Ores	STIDE	
	1/1	DUE TO		BOROWART		OTBOTON						20100	Pill
	Conditions, if on	There is		CORONA	DV	SCLERO	QTQ						
	gove rise to immedi	ole couse		CORONA	n.I	SCHERO	DID						
	(o), stoling the un	derlying (c)											
z				S CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
ATIO				UPPER RES							= '		NO T
IFIC	20g. EXTERNAL CAUS	E WAS 20	b. DESC	CRIBE HOW INJURY OCCUP					of item 18.)			153 🔲	NO KI
L CERTIFICATION	20g. EXTERNAL CAUS PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING []					10.7 11.101.		or nom 10.j			Œ	
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye				E OF INJURY (H			or town)	(Co	ounty)		(Stote)
MEC	Hour o. m. p. m.	19		While Not while of work of		,,							
Ä	21. I certify the	at I took charge	of th	ne remoins describe	d obov	e, held on	Autops	y 🔲, In	spection X	, Inqui	ry X	, ond	find that
	deoth resulted	from: Natural	cause	s X, Accident	, Suic	ide [], H	omicide	□, Ur	determined	cause [7.		
		,	1	1.	, ,					7 1			
	ACTUAL SIGNATURE	medial	4	the tarely	()	LA CHIEF M	EDICAL EX	AMINER				DATE	SIGNED
	SIGNATURE_	menais				ASSISTA	NT MEDICA	AL EXAMINE	2 🗆				
	EXAMINER'S NAME (Type)	BENEDICT :	SKIT	PARELIC, M.D				EXAMINER D	_	# E	4.	196	1
220	BURIAL, CREMATION REMOVAL (Specify)	I, 226. DATE THEREC)F	22c. NAME OF CEMET	ERY OR C	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Slot	e)
	BURIAL	MARCH 7	1951	HILLCREST	BIIRT	AL PARK		CITIV	RERLAND	MD			
23.	FUNERAL DIRECTOR'S		,	ADDRESS				D BY REGISTI	RAR 24b. REG	STRAR'S SI		_	
	DIM	ON KIGHT	72	CUMBERLAND,	MD.		DATEMA	R 7 '6'	1 a	thun S.	They	4	
											-		

MARYIA TO STATE DISPARYMENT OF REALIN-SALVIMORE, IS

SALVIMORE EXAMINER'S CENTIFICATE OF DEATH

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		75.55 YEAR	
San			
		Control of the last	

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF H	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	2585	77.	CERTIFIC	ATE OF DI	EATH	·	. 0	12564
1. PLACE OF a. COUNT				D STATE		ere deceased lived. If institution b. COUNTY	ın: Residence br	efare admission)
	Allegany		MARYLAND	M:	aryla	ind	Alleg	any
b. CITY OF	R TOWN (If autside carporate lin	nits, write	c. LENGTH OF STAY IN 11	c. CITY OR T	OWN (If au	tside carporate limits, write RL	JRAL and give	nearest town)
T.	rostburg"			X L	onaco	ning		
d. NAME	OF HOSPITAL (If not in hospital,		HEALTH AND	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM?
OK 1143	Miners Ho	spita	al	M:	ain S	treet		YES NO
3. NAME OF DECEASED (Type or p	Ammo	irst	Middle K. Robet	rtson	t	4. DATE Mont	th 7	Day Year 2 19 61
5 SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	18	9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HRS
Fema.	le White	WIDOWE	DIVORCED	Marren :	1/2,19	69 yrs.	Manths Day	
10a. USUAL C	OCCUPATION (Give kind of wark last of warking life, even if retire NONE	done 10b. K	CIND OF BUSINESS OR IN			r foreign country) ig, Maryland		OF WHAT COUNTRY
13. FATHER'S				14. MOTHER'S		The state of the s	0	•U•R•
	Andrew Mo	rton			Mane	aret Turner		
15 WAS DEC	EASED EVER IN U. S. ARMED FO		OCIAL SECURITY NO. 117	INFORMANT	riai g	Addr	ess	
(Yes, no, or unkn	nown) (If yes, give war or dates of		OCIAL SECONITI NO.		N M O M O			Ma
				"Daug		t Stakem .	Lonaco	
	SE OF DEATH [Enter only one of ART I. DEATH WAS CAUSED BY:		e for (o), (b), and (c).	Daugi	illei			NTERVAL BETWEEN
	IMMEDIATE CAUSE	(o) 100	eumomo	<u> </u>				48 hours
3	31 N DUE T	0	1 1	^	- (D.		. 1
	ians, if any, which	(b) Ce	rebial va	scular a	ecia	leut		2 weeks
cause (rise to immediate a), stating the <u>under-</u> DUE Touse last.	0 Qu	torioscler	0503 -	Hys	sections ion		years
CATION	ART II. OTHER SIGNIFICANT CO	1-7	ONTRIBUTING TO DEATH E	BUT NOT RELATED TO	THETEMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a	PERFORMED?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER	4	RIBE HOW INJURY OCCUP	RRED. (Enter nature a	f injury in P	art I or Port II of item 18.)		
9	OF INJURY Manth, Day, Y ur a.m. p.m. 19	ear 20d. IN While at wark	Nat while	PLACE OF INJURY (I factory, street, affice			(Coun	ity) (Stote
21. 1 ce	ertify that (I) (this haspite	al) attende	ed the deceased from	march	1 19/	61, to March 13	1961	that (I) (we) las
saw th	e deceased alive an N	reich	[21961, and tha	t death accurred				
220. 618		mak	1	ATTENDING	GY ME	D STAFF		22b. DATE SIGNE
22c PHY	SICIAN'S	TANI		M.D. PHYS.		ECTOR PHYS.		3113.61
		ES	IR. M.D.			NING MI	2	
	CREMATION, 23b. DATE THERE	OF	23c. NAME OF CEMETER	OR CREMATORY		23d. LOCATION (City, tawn, o	ar county)	(State)
REMBY	प्राप्ता 3/15/	61	Oak Hill	Cemetery		Lonaconina		d.
24. FUNERAL	DIRECTOR'S SIGNATURE		ADDRESS				STRAR'S SIGNA	
Geor	ge Eichhorn	Lo	naconing,	Md.		3 1 5 304		
	~				1	3 7 5 304	. 0 1	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2536

CERTIFICATE OF DEATH

02565

	ACE OF DEATH COUNTY Alle	gany		MARYLAND	2. USUAL RESID		vland	lived. If institut b. COUNTY		before admission)
b. (CITY OR TOWN (If RURAL ond give no Cumberla		ts, write	c. LENGTH OF STAY IN 1b		own (If a		ote limits, write f	RURAL ond give	nearest town)
d.	OR INSTITUTION	AL (If not in hospitol, g		oddress)	d. STREET AI		ore Ave	enue	1	e. IS RESIDENCE ON A FARM? YES NO
DE	ME OF CEASED pe or print)	JOHN	st	Middle HENRY	RUDOLI		4. DATE OF DEATH	March		Day Year 19 61
S. SEX	Male	6. COLOR OR RACE White	7. MARRI WIDOWE	DIVORCED DIVORCED	B. DATE OF BIRTH			P. AGE (In years lost birthdoy) 73 yrs.	Months Do	YEAR IF UNDER 24 HRS. Days Hours Min.
Re	tired Mea tired Mea THER'S NAME	ing life, even if retired)		kind of Business or Indi	Cum 14. MOTHER'S	berle MAIDEN N	and, Md		12. CITIZE	N OF WHAT COUNTRY?
(Yes, no	AS DECEASED EVE	R IN U. S. ARMED FOR			INFORMANT aul Rudol		Ruehl Cumberl		dress	
CATION	Conditions, if or gove rise to in couse (o), stoling lying couse lost. PART II. OTH	the <u>under-</u> DUE TO	DITIONS C	DADUCENS ACCORD ONTRIBUTING TO DEATH BU CRIBE HOW NJURY OCCURR	Silver Silver T NOT RELATED TO	THE TERMI	LOCALINAL DISEASE PORT I OF PORT	CONDITION GI	VEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
WEDICAL 20	Hour o. m.	Y Month, Doy, Yes	While of work	Not while of work at the deceased fram.	death accurred	bldg., etc	60, to L	and		, that (I) (we) last
21	2c. PHYSICIAN'S NAME (Type)	S. G. Wei	es	ulle	M.D. ATTENDING PHYS. 22d. ADDRE	S M DI	ED.	STAFF PHYS. Cumbe	4	22b. DATE SIGNED
R	BURIAL, CREMATIO REMOVAL (Specify) BURILA INERAL DIRECTOR'	April	2, 19	ADDRESS		-	Cuihb D BY REGISTR	ON (City, town, perland, AR 2Sb. REG	Md.	(Stote)

3 34 1 Hill yargulli Analysident motteration Among Second for MA activities of the Market AND RECORDS OF THE RESIDENCE OF THE RESI HARD SHIRESON DO SHARESON TRANSPORTED Copy store) . M. Son Gardanto, Malahar Mark. The state of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2587 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO P Month Year March. 19 1967 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? U.S.A. C.L.Robinson, 735 N. Main St. McCoole, Md. minula PART II. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO

(Stote)

DATE SIGNED

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MARYLAND	STATE	DEPARTMEN	T OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2538 CERTIFICATE OF DEATH

02567

o. COUNTY	01150000	MARYLAND	2. USUAL RESIDENCE (WI	b.	f institution: Residen COUNTY		
1 CITY OR TONIAL	ALLEGANY		1	YLAND	S BIADAL A	ALLEGAN	
RURAL ond give no	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	CUMBER		s, write KUKAL ond	give nearest tow	n)
d. NAME OF HOSPH OR INSTITUTION	ALVIT not in hospital, give street	address)	d. STREET ADDRESS	11110		ON	SIDENCE A FARM?
S	ACRED HEART HOS	PITAL	418 FAY	ETTE ST.		, YES] NO []
NAME OF DECEASED	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
(Type or print)	LUTHER	PORTER	SHAFFER		3/8,-1	L YEAR IF UND	19
. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE lost b	irthdoy) Months	Days Hours	Min.
MALE	WHITE WIDOW		L23 12/3	1 00	4 yrs.		-
0a. USUAL OCCUPATION during most of work	ON (Give kind of work done 10b king life, even if relired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.CIT	IZEN OF WHAT	COUNTRY
Sales Mar	nager	RETIRED	MARYLAND	-BALTIMO	RE	U.S.A.	
3. FATHER'S NAME	4 15		14. MOTHER'S MAIDEN	NAME			
	PERRY SHA	CEED	MARTHA POR	TED			
	R IN U. S. ARMED FORCES? 16		NFORMANT	I EA	Address	2 /8 /	
res, no, or unknown)	(If yes, give wor or dates of service)		070 015	0118.07			
yes	War 1		PIS. OLD	CHART		I INTERVAL B	ETIA/EEL:
	ATH [Enter only one couse per I	line for (o), (b), and (c).]	6 -	-			DEATH
PARI I. DEA	TH WAS CAUSED BY:	155ecting	Une any S	les		14 /	K
4-4-3	DUE TO	2-0 1		_		1	
Conditions, if a	ny, which) (b)	ethem sche	715/5, >	evere		5	115
gove rise to i	m mediote DUE TO	7 / 0	/	-///	1-		
couse (o), stoting lying couse lost.	the under-	HEREO SCHE	10515 +	Hy Revi	tension	1/5	41-5
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PAR	RT 1(o) 19. WAS	AUTOPS
Hesho	teus vet (0	Hend Sefero	ti for	Dean	5.5	YES T	ORMED?
200 ACCOUNT W	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of ite	m 18.)	1.50	1
OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)	SERVE TO THE OCCURRE	S. (Silver Holoro of Hillory III		,		
			ACE OF INJURY (Home, form		(County)	(Stote
Hour o.m.	19 While of we	Not while	ctory, street, office bldg, et	-			
			26	572 2/	2 10/	2/ th-1 (1)	Invol I
saw the decea	at (I) (this haspital) attended	- 61	. 105	M, fram the ca		<pre>¿¿¿, that (I) e date state</pre>	
220. SIGNATURE	20.)					25/DATE
1	Wessi	uden		AED. STAF		3/9/	SIGNE
22c. PHYSICIAN'S NAME (Type)	DR. WEISM	AN	22d. ADDRESS 59 G/8	CEENE	\$ a	upl/	ruf
3a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY (OR CREMATORY	23d. LOCATION (Ci	y, town, or county)	(Sto	ite) Con
BUTTAL Specify	3-11-1961		Paul Cemete			Md.	
4. FUNERAL DIRECTOR		ADDRESS	25o. REC	D BY REGISTRAR	25b. REGISTRAR'S SI		
James F.	. Scarpelli.	Cumberland.	Md DATEMA	AR 1 3 '61	arthur 8.		
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DR. SIMONS funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY b. COUNTY ALLEGANY ALLEGANY by the and 2 death. MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) DAYS WESTERNPORT ages 1 5-CUMBERLAND . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO MEMORIAL HOSPITAL Dev Yeer 4. DATE NAME OF Middle Month OF DECEASED pap (Type or print) DEATH 19 61 GEORGE SHINGLER MARCH C and cor AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH SEX last birthday) Months Deys Hours Min. FEB. 9. MALE WHITE 60 yrs. WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) WEST VIRGINIA U.S.A. COAL MINER 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME please ⊆ ding JOHN SHINGLER IDA SHILLINGBURG 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address aften 15. WAS DECEASED EVER IN ILS ARMED FORCES? Then (Yes, no, or unkown) | (If yes give wer or detes of service) MEMORIAL HOSPITAL - CUMBERLAND, MD. the INTERVAL BETWEEN permit. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] physician. ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: ö IMMEDIATE CAUSE (e) **burial-transit** DUE TO affending Conditions, if any, which (b) After this certificate has been geve rise to immediate cause DUE TO (a), stating the undarlying burial ceusa lest. as the hospital or DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CERTIFICATION PERFORMED? 9 NO YES use prior 20b DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH detached MEDICAL 20e. PLACE OF INJURY (Home, ferm, (Stata) þ 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer tectory, street, office bldg., etc.) While Not While Hour a.m. may be retained DIRECTOR: Af at work at work p.m. 21. I certify that (1) (this hospital) attended the deceased from.... 19, that (I) (we) last pinous19 saw the deceased alive on ... 22b. DATE SIGNATURE SIGNED ATTENDING, DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS PHYSICIAN' NAME (Type) GEORGE A. SIMONS death. 23d. LOCATION (City, town or county (Stete 23a. BURIAL, CREMATION, 23b. DATE THEREO 28c. NAME OF CEMETERY OF CREMATON REMOVAL (Specify) - F. B ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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DR. OEORGE II. STRONS

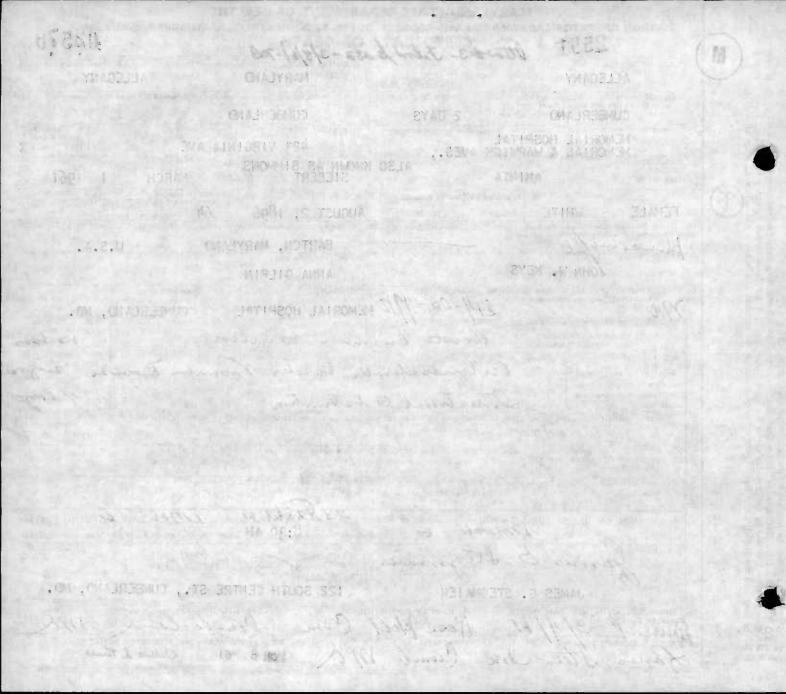
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. any delay is necessary, please exe funeral directar. Page 4 shauld b crematia PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. countiegany b. countyAllegany o. STAKEary land MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Ellerslie, Md. Hours Route 1, Oldtown, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Near Ellerslie, Md. YES NO IN NAME OF Middle 4. DATE Manth Year DECEASED OF DEATH 22 1961 (Type or print) JESSE EUGENE SHIPE March S. SEX 6. COLOR OR RACE 7. MARRIED 17 NEVER MARRIED 17 8. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with the Months Days Hours Min. WIDOWED [Nov. 1925 White DIVORCED | 3 to 1 Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Electrical Power Co.-Springfield, W. Va. USA Lineman may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME n 24 hours re Pages 1, Page 5 may John R. Shipe Amanda Shipes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Oldtown. yes 212-24-0544 Mrs. Jesse Shipe. Md . permit. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: 5-10 Min SKULL FRACTURE, DISLOCATION OF ATLAS; Trans-IMMEDIATE CAUSE (a) alang with far burial-transit ection of spinal cord. **DUE TO** Canditians, if any, which pencil gave rise to immediate cause DUE TO (a), stating the underlying couse last. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SD CERTIFICATION PERFORMED? NO [20g. EXTERNAL CAUSE WAS PRIMARY A gr CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. LEnter pature of injury in Part Lar Part II of item 18.)
Electrical Power Pole MEDICAL EXAMINER: This should from Telephone Fole 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) ficate, writing the worth the Chief Medical E p. m. March 22 19 61 while of work | Telephone pole near Pole r Ellerslie Allegany 21. I certify that I taak charge of the remains described abave, held an Autapsy 17, Inspection 17, Inquiry 18, and find that death resulted fram: Natural causes __, Accident X, Suicide __, Hamicide __, Undetermined cause ___ DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Benedict Skitarelic, M.D. March 22. 1961 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION. 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 0 Mar. 26, 1961 Sunset Memorial Park Cumberland. Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS. A15ME(S) Orlhun S. Thous DATE MAR 2 8 '61 James F. Scarpelli, Cumberland 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH HARLES AND THE CONTRACTOR OF THE SECOND SECO THE PERSON LINE TENN THE REPORT OF THE PARTY OF THE CHO LICE - STREET STREET, STRE Lower Day to the Art of the Art o THE STATE OF THE S AS THE SERVICE IN COLUMN TO ASSET OF THE VICTORIAN AND AND ASSET OF The state of the s

PRESTON STREET, BALTIMORE 1, MARYLAND funeral | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY ALLEGANY a. STATE MARYLAND ALLEGANY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town) write RURAL end give nearest town) CUMBERLAND 2 DAYS CUMBERLAND _ C *within ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) de STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES. 423 VIRGINIA AVE YES NO executed DECEASED comple pa AMINTA 1961 MARCH (Type or print) DEATH carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. 5. SEX AGE (In yeers | IF UNDER 1 YEAR with B. DATE OF BIRTH last birthday) and Months I Deys Hours Min. FEMALE AUGUST 2, 1896 64 WIDOWED DIVORCED event. certificate 10e. USUAL OCCUPATION (Give kind of work physician гетоме 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if ratired) BARTON, MARYLAND U.S.A. a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding JOHN W. KEYS ANNA GILPIN aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yasano_or unkown) | (If yes give wer or detes of service) CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one ceuse per line INTERVAL BETWEEN ONSET AND DEATH physici PART I. DEATH WAS CAUSED BY: 12 m IMMEDIATE CAUSE (e) signed burial-transit DUE TO Carchy- Vasenton Drose been (b) gave rise to immediate cause DUE TO (a), steting the underlying has certificate ha buri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? as NO B prior 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH the 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., atc.) While Not While Hour a.m. et work at work p.m DIRECTOR: 1 Mor 19 6/ that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from... 1 march by and that death occure \$130 AM from the causes and on the date stated above saw the deceased alive on 22b. DATE 22a. SIGNATURE STAFF SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 122 SOUTH CENTRE ST., CUMBERLAND, MD. JAMES G. STEGMAIER LOCATION (City, Igwn or county death. 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (State 후 출 0 25a. REC'D REGISTRAR VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

ALIBITONE VEDENVOLL	VIAN	VECOVI		DAPIN
CERTIFIC	ATE	OF	DE	ATH

2592

02571

1. PLACE OF DEATH o. COUNTY All	egany	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	ed lived. If institution b. COUNTY	Residence before	
	(If outside corporate limits, write eorest town)	c. LENGTH OF STAY IN 16	Near Flintsto		RAL ond give neare	st town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give street	oddress)	d. STREET ADDRESS			IS RESIDENCE ON A FARM? (ES NO D
3. NAME OF DECEASED (Type or print)	OSEPHINE I	ICTORIA	Lost 4. DATE OF DEATH	10-	120	Yeor 19 6/
5. SEX Female	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH '' Sept. 20, 1877		Months Days	Hours Min.
10a. USUAL OCCUPATI during most of wor House W 13. FATHER'S NAME	rking life, even if retired)	Own home	Augusta, Georg: 14. MOTHER'S MAIDEN NAME		USA	HAT COUNTRY?
1S. WAS DECEASED EV (Yes. no. or unknown)	Lewis Lovett Ja ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	Mary Morris Mrs. Emory avis,	Addres Flintstone		
Conditions, if a gove rise to couse (o), storing lying couse lost.	the under- (c)	CONTRIBUTING TO DEATH BUT	exologian Vasculario Aclorate NOT RELATED TO THE TERMINAL DISEASE	farti av ic des se condition given	N IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	G CAUSE OF DEATH	NJURY OCCURRED 20e. PL	D. (Enter noture of injury in Port I or Po	,	(County)	(Stote)
Y 20c. TIME OF INJU Hour o. m. p. m.	19 While of wor	rk ot work	ctory, street, office bldg., etc.)	mari	161	
21. I certify the saw the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	at (1) (this haspital) attended assed alive on MAN MM HA MM SHAFFER	1861, and that of	death accurred of M. M., fram ATTENDING MED. PHYS. 22d. ADDRESS	STAFF		(1) we last tated above. 22b. DATE SIGNED
23a. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b. DATE THEREOF Mar 23, 1961	23c. NAME OF CEMETERY C		ATION (City, town, or ntstone, A	Md.	(Stote)
John John	T. Hafer	ADDRESS	25a. REC'D BY REGIS		TRAR'S SIGNATURE	

to the contract of the property of the propert Plant man I sept " white and THE SECRET SELF OUT to see I they die this date THE WAS TO SHAPE TO THE OWNER OF THE TAKE OF

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any deloy is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yay 11/2s.

TO FUN AL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the regis

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2593

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Nol) 2579

1	PLACE OF DEATH a. COUNTY	LLEGANY		MARYLA	AND	O. STATE	MARYL		d lived. If Instit b. COUN			ore odmi	ssion)
	b. CITY OR TOWN (If a and give necess town)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	16	c. CITY OR	TOWN (IF	autside corp	orale limits, writ	RURAL on	d give n	screst to	wn)
	CUMBERLAN	VD		25 YEARS		СП	MBERI.	AND		67			
	d. NAME OF HOSPITA	L OR INSTITUTION (f not in hosp	oital, give street address)		d. STREET						e. IS RI	SIDENCE A FARM?
	303 DECAT	TUR ST.				303	DECA	TIR ST		1			NO
	NAME OF DECEASED	Fir	14	Middle		Los		4. DATE	Mon	th	Day	Y	eor
	(Type or print)	PAULINE		VIRGINIA	ST	EGMAIER		DEATH	MARCH		1	5 1	9 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	☐ B.	DATE OF BIRTH	1	14.7	9. AGE (In years lost birthday)				ER 24 HRS.
	FEMALE	WHITE	WIDOWED	DIVORCED [D	EC.13,1	905		55 yrs.	Months	Days	Hours	Min.
100	USUAL OCCUPATION during most of working COOK	N (Give kind of work life, even if retired)	done 10b. Ki	IND OF BUSINESS OR IN ESTURANT	DUSTR	Y 11. BIRTHPL	ACE (State of	or foreign co	untry)	T2. CIT		WHAT	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
1	Augu	st Newman				Aus	tia Ry	ran					
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INI	FORMANT			Addres	8			
L	NO			0 10 8737	AUS	STIA B.	FORD	CUMB	WRLAND,	MD.			
	PART I. DEATH	H [Enter only one cau I WAS CAUSED BY: MMEDIATE CAUSE (a)	se per line fo	or (a), (b), and (c).]	R	1 00	celu	1510	11			VAL BETWEE	TH
	4201	DUE TO		^		/							40.1
	Canditions, if on			CORDNO	2 10	VT	7/1.8	zu b	0515				-
	gave rise to immedi	ate cause			-	1	.,		22/2				
	(a), stating the us	(c)											
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH E	BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAR		PERFO	AUTOPSY RMED?
	20g. EXTERNAL CAUS PRIMARY G or CON' CAUSE OF DEATH.	TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRE	D. (En	ter nature of in	jury in Part	l or Part II o	of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While	Not while at work	PLACE	OF INJURY (F y, street, office	lome, farm, bldg., etc.)	20f. (City	or tawn)	(Co	unty)		(State)
	21. I certify the	at I took charge	of the re	emains described	abov	e, held an	Autopsy	□, In	spection 🕅	, Inqui	ry 5d.	and	find that
	death resulted	from: Natural	causes 🔀	, Accident [],	Suici	de 🗍, H	omicide	□, Un	determined	cause [1.		
	1		10	1 - 1									
13	ACTUAL SIGNATURE	nedict	AR	Tarelia)	M.D. CHIEF W	EDICAL EXA	MINER -				DATE S	IGNED
							NT MEDICA	L EXAMINER					
L	EXAMINER'S NAME (Type)	BENEDICT SE	ITARE	LIC, M. D.		DEPUTY	MEDICAL EX	KAMINER [MAI	RCH.	16,	19	61
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F 2	22c. NAME OF CEMETERY	ORC	REMATORY		22d. LOCAT	ION (City, lawn,	or county)		(State)
I	Burial	Mar. 20.19	-	St. Marve	Come	tery		Cum	berland,	, Md.			
23.	FUNERAL DIRECTOR'S			ADDKE22		3013	24a. REC'D	BY REGISTR		ISTRAR'S SIG			
L	L. L.	yron Kight	Cı	umberland, N	d.		DATE MA	R 2 0 '6	1 0	Alun S.	. Has	LA.	

VS. A15ME(5) 5M 9/55

MERYLAND STATE DEPARTMENT OF PEALTH-BALTHORS 18 2222 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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VS. ATSMELS 5M 9/55

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MA	RYLAND ST	ATE DEPARTM	MENT OF	HEALTH-	BALTIMORE,	18
חברי	MEDICAL	EXAMINER	'S CERT	IFICATE (OF DEATH	Pa

1		2504	MEDIC	AL EXA	MINER'	S CE	RTIFICA	TE OF	DEATH	Reg. Dis	UN. N	2573
y	o. COUNTY A1	legany			MARYLAND	11	STATE Md.	Where deceas	sed lived. If Institu b. COUNT		gany	admission)
		(If outside corporate limits	, write RURAL	e. LENGTH C	F STAY IN 16	Xc.			porote limits, write	The state of the s		est town)
-		PITAL OR INSTITUTIO	N (If not in			d.	Rural R	em TINE	B		e.	IS RESIDENCE
											Y	ON A FARM?
3.	NAME OF DECEASED (Type or print)	Shannon	First	Rani Hos	iddle Tav	lor	Last	4. DATE OF DEATH	Mar.	, E	Day	Year 19 61
5.	SEX	6. COLOR OR RA	CE 7. MAR	1-00/	MARRIED 🔀		OF BIRTH	-	9. AGE (In years	IF UNDER 1		UNDER 24 HRS.
_	lale	White	WIDOV	VED DIV	ORCED	ec.	21,1960		lost birthday) yrs.	Months 1		Min.
10	during most of wor	TION (Give kind of w king life, even if retir	ork done 10t	. KIND OF BUSIN	ESS OR INDUS	TRY 11.	BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF W	HAT COUNTRY?
						M	aryland		E 10 1 10	U.S	.A.	
13	FATHER'S NAME						THER'S MAIDEN					
	Roy F.	Taylor					Sandra K	. Moor	•			
	. WAS DECEASED	EVER IN U. S. ARMED		6. SOCIAL SECUR	ITY NO. 17. I	NFORMA	NT		Address			
	no				F	loy F	. Taylor	-Rawli	ngs, Md.			
		EATH [Enter only one EATH WAS CAUSED 8 IMMEDIATE CAUSE	Yı			dema	, Acute				INTERVAL 20-	30 Min
	Conditions, if gove rise to imm	nediate cause	(b)	Cardi	ac Fa:	llur	e, Cong	genite	al Heart	t .	11	
	couse lost.		(c)	Pat	ent F	oram	en Oval	Le, kkl	kg larg	ge.	-	
CERTIFICATION	PART II. C	THER SIGNIFICANT C	ONDITIONS	CONTRIBUTING T	O DEATH BUT	NOT RELA	TED TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PART	1(a) 19. V P YES	ERFORMED?
CERTIFI	20a. EXTERNAL C PRIMARY ☐ or C CAUSE OF DEATI	AUSE WAS ONTRIBUTING	20b. DESCR	IBE HOW INJURY	OCCURRED. (I	nter natu	re of injury in Por	t I or Part II	of item 18.)	1		
MEDICAL	20c. TIME OF IN. Hour o. n p. n	n.	WI	I. INJURY OCCUR	te fact	CE OF IN	JURY (Home, forn t, office bldg., etc	n, 20f. (City	or town)	(Coun	ty)	(State)
	21. I certify	that I took chai	rge of the	remains des	cribed abo	ve, he	ld an Autops	y X, Ir	spection X,	Inquiry	X), a	nd find that
	death resulte	ed from: Natur	al causes	Accide	nt 🔲, Sui	cide [], Homicide	, Ur	ndetermined c		V.,	
	ACTUAL	Benedic	t Sk	tare	lies	_M.D.	CHIEF MEDICAL EX	_			Dá	ATE SIGNED
	EXAMINER'S NAME (Type)	Benedict	Skit	arelic,	M.D		DEPUTY MEDICAL	_	-	h 5,	1961	
220	BURIAL, CREMAT REMOVAL (Species	10N, 22b. DATE THE	REOF	22c. NAME OF		CREMAT	ORY		TION (City, town, o	or county)		(Stote)
23	FUNERAL DIRECTO	1.7.17.0.		Maysvi	LIE		Dan BECO	Mays	sville.	TRAR'S SIGN	W. V	8
8	1.130	al	110	Western	port, M	d.	DATE ME		RAR 246. REGIS	TRAK \$ SIGN	WATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	PLACE OF DEATH a. COUNTY	ALLEGANY	7	MAR	YLAND	2. USUAL RES	MARY		b. COUNT	Υ	I.E.G.A	
-	RURAL and give nec	autside carporate limits,		c. LENGTH OF STAY	AYS	c. CITY OR	-	utside carpor	ate limits, write			
	OR INSTITUTION	ED HEART	e street ac			d. STREET			STREE	r		S RESIDENCE ON A FARM? ES NO
- (NAME OF DECEASED (Type or print)	First JOH		Middle W.		TOMLIN	NSON	4. DATE OF DEATH	MARCH	inth	5th	Year . 1961
. 5	MALE	6. COLOR OR RACE 7	7. MARRIE			DATE OF BIR		96	9. AGE (In years last birthday)	Manths		UNDER 24 HRS ours Min.
2	during most of working ST.CARPE	N (Give kind af wark da ng life, even if retired) NTER		LEG BALI		CS MA	RYLAN	D	untry)	12.CI1	US	HAT COUNTRY
3.		OMLINSON					S MAIDEN N		ES			
Yes	WAS DECEASED EVER s, no, or unknown) (II	IN U. S. ARMED FORCE		1-07-009		ORMANT	Maw?		,22 Da	dress	- O.L	mil.
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO	a	for (a), (b), and (c)	al C	ancu	unual	024	f f-1	muse	ONSET	AL BETWEEN AND DEATH
	Canditions, if an gave rise to im cause (a), stating the lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate he under- (c)	a	dvanes	al C	arcu	umal	024	of Fi	ronces		AND DEATH
CATION	Canditions, if an gave rise to im cause (a), stating the lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which (b) mediate DUE TO DUE TO	a	dvanes	al C	A parent	TO THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PAI	RT 1(a) 19.	AND DEATH
CERTIFICATION	Canditions, if an gave rise to im cause (a), stating the lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate he under- ER SIGNIFICANT CONDI	ITIONS CC	dvanes	ATH BUT IN	15				IVEN IN PAI	RT 1(a) 19.	AND DEATH
	Canditions, if an gave rise ta im cause (a), stating the lying cause last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate he under- ER SIGNIFICANT CONDI	OCTIONS CO	DITRIBUTING TO DE	EATH BUT P	15	af injury in P	art I ar Part	II of item 18.)		RT 1(a) 19.	AND DEATH
	Canditions, if an gave rise ta im cause (a), stating the lying cause last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY Haur a. m. p. m.	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which me diate he under- ER SIGNIFICANT CONDI GUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER Manth, Day, Year 19 (I) (this hospital)	20d. INJ While at wark	DIVINIBUTING TO DE	EATH BUT IT VO NOCCURRED	CE OF INJURY ary, street, att	af injury in P (Home, farm, bldg., etc.	20f. (City	II of item 18.)	19_4	(Caunty)	WAS AUTOPSY PERFORMED? (State
MEDICAL CERTIFICATION	Canditions, if an gave rise ta im cause (a), stating the lying cause last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20c. TIME OF INJURY Haur a. m. p. m. 21. 1 certify that saw the decease 22a. SIGNATURE	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which me diate he under- ER SIGNIFICANT CONDI GUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER Manth, Day, Year 19 (I) (this hospital)	20d. INJ While at wark	DIVINIBUTING TO DE	EATH BUT IT WO N OCCURRED 20e. PLA fact I fram	CE OF INJURY ary, street, office the occurrent	af injury in F (Home, farm bldg., etc. 190 ed ot	20f. (City) M, from	II of item 18.)	19_4	(Caunty)	WAS AUTOPSY PERFORMED? (State
	Canditions, if an gave rise ta im cause (a), stating the lying cause last. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A Pum. 20c. TIME OF INJURY Haur a. m. p. m. 21. 1 certify that saw the decease	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which me diate he under- ER SIGNIFICANT CONDI GUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER Manth, Day, Year 19 (I) (this hospital)	ITIONS CC	DIVINIBUTING TO DE	EATH BUT IT WO N OCCURRED 20e. PLA fact I fram	CE OF INJURY CE OF INJURY THAT eath occurre ATTENDIT PHYS. 22d. ADD	af injury in F (Home, farm, e bldg., etc.) 190 ed ot ME DII RESS	20f. (City) M, from	Il of item 18.) or fown) the causes o	, 19_(nd on th	(Caunty) (Caunty) (Caunty)	WAS AUTOPSY PERFORMED? (State (I) (we) las ated above 22b.DATE

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of Or to	-	. NAME OF HOSPITA	L OR INSTITUTION	(If not in	
oy is nec		Memorial	Hospital		
ony delay funeral dir or you itel regis		NAME OF DECEASED (Type or print)	First		
- 0 - 0	5. 9	SEX	6. COLOR OR RACE		
fer deoth. I ond 3 to the be retoined ind 2 with the		Male	White	WIDO	
	100	usual occupation during most of working lelegraph	N (Give kind of work life, gyen if retired LETEMETC	done 10	
L) and L		FATHER'S NAME			
4 haur oges 1 poges 2 m			ambuagh		
Give Poges 5.14. File poge	15. (Yes	WAS DECEASED EVER	R IN U.S. ARMED FO		
8 Gi 8. Gi PM3. rmit.		18. CAUSE OF DEATH	Enter only one co	use per l	
of the design of		PART I. DEATH	WAS CAUSED BY:	o)	
tecute them Is h form insit pe		420	DUE TO		
be ex il in It with		Conditions, if on)	
hauld be exect pencil in Iter olong with for buriol-transit		(o), stoting the ur)	
o o o	-	couse lost.		c)	
rtificote sinding" in used os o	ATION	PART II. OTHE	R SIGNIFICANT COI	NDITION:	
his certificol	CERTIFICATION	200. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	E WAS TRIBUTING []	20b. DESC	
R: This word " Exami	MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		
AMINER ing the Medical Poge 3 s	MED	Hour o.m. p.m.	19	ol ol	
L EXAMINE writing the hief Medico	8	21. I certify the	at I took charg	e of th	
AL EX Chief TOR:		death resulted f	from: Natural	causes	
Y MEDICAL E) certificate, wri d to the Chief AL DIRECTOR: val.		ACTUAL SIGNATURE	medici	181	
DEPUTY Coule the ce forward do FULL ALL		EXAMINER'S BET		KIT	
cute forward or re	3	BURIAL CREMATION	Mar.27	,196	
VS. ATSME(S)	23.,	FUNERAL DIRECTOR'S	SIGNATURE .	0	

5M 9/55

	STATE DEPARTMENTS LEXAMINER'S			Dist. No. 02575
1. PLACE OF DEATH			/here deceased lived. If institution: Resi	/
Allegany	MARYLAND	o. STATE Penns	ylvania b. COUNTY Be	dford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16		outside corporate limits, write RURAL a	nd give nearest town)
Cumberland	DOA	Hyndman	Rural	15 X-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Memorial Hospital		Londonderr	ry Township	YES NO
3. NAME OF First OECEASED (Type or print) Albert S.	Mambaugh	Lost	4. DATE Month Of DEATH March 24, 1	961 19
5. SEX 6. COLOR OR RACE 7. MARRIE	ED MEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDE	R TYEAR IF UNDER 24 HRS.
Male White WIDOWE	D DIVORCED	March 20,18	382 79 birthday) yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, gyen if relired) Telegrapheramerchant	B&O Railres	a rattitope,	,14. 14.	TIZEN OF WHAT COUNTRY
Hohn Wambuagh		Susan	Berkey Wambaug	h
(Yes, no. or unknown) 1 (If was nive wor or dates of service)		rs. Albert	Wambaugh, Hyndr	man, Pa. RD#
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CORONARY	OCCLUSION		SUDDEN
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (c)		NARY SCLERO		
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	naldisease Condition Given in Pa	RT 1(6) 19. WAS AUTOPSY PERFORMED? YES NOTE:
	E HOW INJURY OCCURRED. (E	nter noture of injury in Part	I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. While p. m. 19 of wo	Nat while factor	CE OF INJURY (Home, farm, ary, street, office bldg., etc.)	, 20f. (City or tawn) (Co	ounty) (State)
21. I certify that I took charge of the death resulted from: Natural causes		ve, held an Autops) cide, Homicide		iry 🗶, and find that].
ACTUAL Benedict Ske	Tarelie	_M.D. CHIEF MEDICAL EX		DATE SIGNED
EXAMINER'S BENEDICT SKITAR	ELIC, M.D.	ASSISTANT MEDICAL E		1961
226. BURIAL, CREMATION, P2b. DATE THEREOF Mar. 27, 1961	22c. NAME OF CEMETERY OR COOKS Mills	CREMATORY CEMETERY	22d. LOCATION (City, town, or county) Hyndman, Pa. RD	11-
23. EUNERAL DIRECTOR'S SIGNATURE .	ADDRESS	24o. REC'E	BY REGISTRAR 246, REGISTRAR'S S	IGNATURE
Harvey H. Leigler,	Hyndman, Pa.	DATEMA	R 28 161 arthur 8	Kraus

MASS PARTY STATE ENGINEE HOUSE HEAVING STATE OF ALVENDED AS 2595 MEDICAL EXAMINER'S CERTIFICAYE OF DEATH TOTAL CONTRACTOR OF THE PARTY O HE I THE THE PROPERTY OF THE PARTY OF THE PA ROLL . Elemnony is an armone if the date of the BRETANES The second result in the second second in the second secon

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
ALCOHOL B MAJORITHM		- Mr. 1-246 distributed at		

division of statistical research and records, 301 w. preston street, baltimore 1, maryland 2597 CERTIFICATE OF DEATH 02576

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY ALLEGANY MARYLA	e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY II	WEST VIRGINIA
write RURAL and give nearest town) CUMBER LAND	95 X
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE
MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES	ON A FARM? YES NO
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) (BABY)	WEAVER DEATH MARCH 14 1961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED DIVORCED	MARCH 14, 1961 Hours Months Days Hours 28
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	CUMBERLAND, MARYLAND U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HARRY E MEANER	DETTY LOU DODEDTSON
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	BETTY LOU ROBERTSON 17. INFORMANT Address
Yes, no, or unkown) (Ifyesgive war or dates of service)	
NO NONE	MEMORIAL HOSPITAL, CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
immediate cause (a) Lere Drail	Inolamia
104 S DUE TO	
Conditions, if any, which (b) Throm by	ses of Umbilical Cord
gave rise to immediate cause	
(a), stating the underlying cause last.	Co Chara At Church Newl.
(c)	TOT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TOTAL WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC. OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OC. OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OC. OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OC. OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OC. OF CONTRIBUTING CONTRIBUTING	PERFORMED?
The Additional Mark Institution of London Programmy Holly Institution of	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH	CURED. (Enter nature of injury in Part I or Part II of item 18.)
	De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
Hour a.m. While Not While p.m. 19 at work all work	in the state of th
	from, 19, to, 19, that (I) (we) las
21. I CEPTITY IIIal (I) (IIIIs hospital) allended life deceased i	from
	that death occured at
22a. SIGNATURE	ATTENDING MED STAFF SIGNED
Julie 13/ hillwork	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) FULLER B. WHITWORTH	123 BEDFORD ST., CUMBERLAND, MD.
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Daw Daw (Managan) W. Wa
BURIAL 3/15/6I Woodrow A FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
PARKS-JOHNSON CO. Berkeley Spri	ngsmw. Varayyar 20'61 Lining S. Kraus
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	DIVISION OF	M F STATISTICAL F		AND RECORDS	PARTMEN	T OF		H	1, MARYI	AND	
		2598	(CERTIFICAT	E OF DE	ATH				1257	7
	LACE OF DEATH COUNTY ALLEGANY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND ALLEGANY									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND MARYLAND c. LENGTH OF STAY IN 1b I HR 45 MIN					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL HOSPITAL						d. STREET ADDRESS 107 OFFUTT STREET • IS RESON A YES					
	NAME OF DECEASED (Typa or print)	First M1 NN		Middle	WELSH		4. DATE OF DEAT	Month H MARCI	н 6	y Yaar 19	
5.	FEMALE	6. COLOR OR RACE WHITE	WIDOWED [DIVORCED	OCTOBER	27,	1879 1878	9. AGE (In years last birthday)	Months Days	Hours	Min.
dor	HOUSEW FATHER'S NAME	ION (Give kind of work rking lifa, evan if retired IFE	3)	of Business or Indu m Home	V	EST	VIRGIN	or foraign country)	12. CITIZEN	of WHAT C	OUNTRY?
		ELIJAH ER IN U.S. ARMED FOR	RAWLING		Heste:	_A:	nn_	ELSH Address			
NO	Conditions, if any gave rise to immedia, stating the ucause last.	ata causa	July 4	Trlen	EMORIAL I	leco	mpu				yes
L CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER		E HOW INJURY OCCU						YES	но 🔟
MEDICAL	Hour a.m.	19	Whila at work	Not Whila at work	PLACE OF INJURY factory, straat, office	bldg., e	tc.)	(ity or town)	(County)	4 . (2)	(Stata)
21. I certify that (I) (this hospital) attended the deceased from 1957, to 1957, to 1957, to 1957, to 1957, to 1957, to 1957, and that death occurred at 2:40, AMm the causes and on the 22e. SIGNATURE									date state		
	22c. PHYSICIAN'S	ayl.	bur	rett	M.D. ATTENDIN PHYS. 22d. ADI	X	MED. DIRECTOR	STAFF PHYS.			SIGNED
	NAME (Type)	UN. C.			236			AVE., CUM			
	BURIAL, CREMATI REMOVAL (Specify)	3/8/61	EOF 23	Vale Summi				le Summit			tata)
24	John J.	r's signature Hafer, Whimb	erland,	ADDRESS Maryland				STRAR 256. REC	GISTRAR'S SIGN		

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2599 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY by the and 2 death. GARRETT MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) CUMBERLAND DAYS = GRANTSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO 3. NAME OF 4. DATE DECEASED OF ELIZA WETMILLER (Type or print) DEATH MARCH 61 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR FEMALE lest birthdey) Months Days Hours 11.1887 WIDOWED DIVORCED physician гетоме 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) U.S.A. HOME PENNSYL VANIA HOUSE-KEEPER 14. MOTHER'S MAIDEN NAME please ding SAMUEL WETMILLER LYDIA WEIMER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass Then (Yas, no, or unkown) | (If yes give wer or detes of sarvica) 080-24-976 MEMORIAL HOSPITAL - CUMBERLAND. MARYLAND 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (& DUE TO Conditions, if any, which (b) geve rise to immediate couse DUE TO (e), stating the underlying ceuse last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEM'H PERFORMED? NO Z 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, straet, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from. and that death occured at IGHT the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. W.F. WILLIAMS ector, FU 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) EMETERY SALISBURY-KD# 0 DIRECTOR'S SIGNATURE REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) DATEAR 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DR. W.F. WILLIAMS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										
	2600 CERTIFICAT	E OF DEATH	1			2579_					
1	N. PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND		YLAND	b. COUNTY	ALLEG						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND 13 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
6	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL & WARWICK AVES. MEMORIAL HOSPITAL	d. STREET ADDRESS 305 VIRGINIA AVENUE 6. IS RESIDENCE ON A FARMY YES NO X									
	3. NAME OF First Middle DECEASED	Last	4. DATE OF	Month	0 /						
		HITNEY	DEATH	MARCH		19 6 I					
	7. MAKRIED NEVER MAKRIED	APRIL 25, K	95	AGE (In years III lan birthday) 5 yrs.	Aonths Days	Hours Min.					
	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	inty & State, or fo	raign country)	12. CITIZEN C	F WHAT COUNTRY?					
	done during most of working lifa, avan if ratirad) HOUSEWIFE OWN HOME	PENNSYLVA	NIA		U. S.	A .					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME								
1	JOSEPH SNYDER										
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	ALICE TRUE Address									
	(Yas, no, or unkown) (Ifyasgivawarordatasofsarvica)	MEMORIAL HO	SPITAL-	UMBERLA	ND. MD.						
	no MEMORIAL HOSPITAL-CUMBERLAND, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	- cul	~		O	NSET AND DEATH					
	420, / DUE TO										
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	(a), stating the underlying DUE TO (cause lest,										
		OT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	0	/			PERFORMED?					
2	200. ACCIDENT WAS UNDERLYING THE 200. DESCRIBE HOW INJURY OCCURE		III III NO A								
V	OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	Hour a.m. While Not While	ctory, straat, offica bldg., et			(,	(State)					
		0 (2) ()		216							
	21. I certify that (I) (this hospital) attended the deceased from 2 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1										
	the deceased alive on 3/4										
	228. SIGNATURE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED					
	PHYSICIAN'S DR. GEORGE M. SIMONS NAME (Type) - REXXERNMER ALGONQUIN HOTEL-CUMBERLAND, MD.										
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	ION (City, town	or county)	(State)					
	Burial Mar.11,1961 Zion Memorial Park Cumberland, Md.										
in the second	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE										
1	James F. Scarpelli, Cumberland, Md. DATE MAR 1 4'61 Cirlun & Krons										
1											

MARYLAND STATE DEPARTMENT OF HEALTH

38 300 1 311 ENORIAL HOSPITALE & MARRIEN MES. SUSVENIENT NEEDEN TOO -YSMTHU APRIL 25. 1895 TIND BUANT EUUSS IN COURT HONE DE STREET LA STR 3187 30114 2018 . 1200 ALCONOUNE HOTEL CUMBERS AND ON A Burial Mar. 11, 1961 Flor Monordal Park Cumberland, on.

James T. Scerielli, Cumberland, Md.